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ABSTRACT

This learning activities guide was developed as part of Project CRAFT (Culturally Responsive and Family Focused Training), an effort to train service providers in California in ways of working with young children (particularly those with disabilities) and their families from diverse cultural backgrounds. The learning activities are intended to be used to develop a 15- to 20-hour course, or as separate selected topics for workshops, or infused into other courses. Introductory material offers guidelines for course development such as a list of course competencies, recommended training materials, and assignments. The activities are organized into eight modules: (1) dynamics of difference; (2) cultural values; (3) child rearing practices; (4) communication styles; (5) working with interpreters; (6) building family/professional relationships; (7) effective assessment practices; and (8) effective intervention practices. Provided for most of the activities are information on topic, activity name, time requirements, necessary supplies, objectives, key points, outline, and procedures. Appended are some suggested tools, including a needs assessment and course/workshop evaluation forms and resource lists for print training materials, video training materials, and children's books. (Individual activity outlines contain references.) (DB)

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PROJECT CRAFT

Culturally Responsive And Family Focused Training

A Learning Activities Guide

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Project CRAFT

Culturally Responsive and Family Focused Training

A Learning Activities Guide

by

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BACKGROUND

Project CRAFT was a collaborative effort involving participants representing state, public, and private agencies and family perspectives. The development of the inservice course, this training activities guide, and accompanying videos reflect the contribution of the Advisory and Development Committees, Core Instructor Team, and the Family / Professional Resource Teams.

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Project CRAFT Culturally Responsive and Family Focused Training: A Learning Activities Guide is the significant culmination of the joint effort of many individuals and agencies over the past four years. Our sincere thanks to everyone who contributed to making *Project CRAFT* such a productive collaboration and for each individual contribution. We appreciate the thoughtful feedback and support that we received from the members of the project Advisory and Development Committees. Our special thanks to Leticia Keenan for her word-processing skills in organizing the guide and to Suzanne Hendley for her contribution. Particular recognition goes to Aileen Domingo who produced the layout and current version of this guide. Her computer skills, flexibility, and the ability to handle multiple revisions and short timelines were a great asset. Finally and most of all, special appreciation goes to all the Family/Professional Resource Teams who have implemented these learning activities with dedication and enthusiasm for providing Culturally Responsive and Family Focused Training.

Deborah Chen, Sam Chan, and Linda Brekken
November 1998

FOREWORD

The *Project CRAFT Culturally Responsive and Family Focused Training: A Learning Activities Guide* consists of learning activities for training service providers to work more effectively with families of young children with disabilities from diverse cultural and linguistic backgrounds. These learning activities have been used in workshops, inservice and preservice courses, and other training situations. They have been field-tested and are included in the guide because they have provided unique opportunities for service providers to reflect on their perceptions of and interactions with families whose cultures are different than their own. As a result of these experiences, service providers have evaluated their practices and have become more respectful and responsive in their interactions with families from diverse cultural and linguistic backgrounds.

The Project CRAFT Learning Activities may be used to develop a 15 - 20 hour course, or selected topics may be used for workshops or infused into other courses. As a stand alone inservice course, Project CRAFT has been provided in a variety of ways; for example, as two full days of training, as three 5-hour meetings, as five 3-hour sessions, and so on. Particular topics may be covered more extensively or not at all depending on the needs assessments of the participants. We have found that the learning process is enhanced if sessions are scheduled with enough time in between each meeting for participants to complete an assignment or to "try out" new information. Although specific topics may be a particular focus, we have found that participants need an opportunity to examine their own cultural perspectives before engaging in problem solving situations related to working with families from diverse cultural and linguistic backgrounds.

Permission is granted for duplication of the learning activities, vignettes, needs assessment, evaluations, and other handouts for instructional purposes only and with acknowledgment of the source as *Project CRAFT Culturally Responsive and Family Focused Training: A Learning Activities Guide* and other references as identified.

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INTRODUCTION

Project CRAFT (**C**ulturally **R**esponsive and **F**amily **F**ocused **T**raining) was a personnel preparation special projects grant awarded to California State University, Northridge by the U.S. Department of Special Education.* The primary purpose of the project was to develop, evaluate, and disseminate inservice training models and materials that support family-focused, culturally responsive early intervention/early childhood special education services to young children with disabilities and their families. Project activities focused on the following objectives:

1. To build community support and administrative approval for inservice training and implementation of coordinated family-focused, culturally responsive services in community settings.

2. To develop inservice training models and materials through a collaborative process involving Advisory and Development Committees representing key stakeholders in early intervention/early childhood special education services and community family/ professional resource teams representing various disciplines and diverse cultural backgrounds.

3. To field test inservice training models and materials in communities throughout California.

4. To document and disseminate field-tested inservice training models and materials to other state agencies and staff development programs in California and across the nation.

*U.S. Department of Education Special Projects Grant #H029K30161 from September 1, 1993 - February 28, 1999 Preparation of this manual was supported by the U.S. Department of Education Personnel preparation Grant #H029K30161 to California State University - Northridge; however, the content does not necessarily reflect the position of the U.S. Department of Education, and no official endorsement should be inferred.

INSERVICE MODEL

Training of Instructors Course

Project CRAFT has developed a 45-hour (3 unit) Training of Instructors course to prepare Family/Professional Resource Teams to offer a 15-hour (1 unit) inservice training course to service providers in communities across California. In Spring 1995 and Spring 1996, the Core Instructor Team provided a Training of Instructor Course to two groups of ten Family/Professional Resource Teams resulting in a total of 20 Family/Professional Resource Teams (43 individuals) throughout California.

Inservice Training Course

The Project CRAFT course is a 15-hour (1 unit) inservice that addresses the cultural competencies adopted by the California Interagency Coordinating Council and is designed to meet federal requirements under Part H/C and state personnel standards required by the new Early Childhood Special Education Credential. The course includes active learning strategies, collaborative activities, and discussion of videos developed by the project.

From Fall 1995 to Fall 1998, the project provided the 15 hour inservice course to service providers working with infants, toddlers, and preschoolers with disabilities and their families. The project supported the Family/Professional Resource Team of two instructors to teach the course and provided one unit of Continuing Education credit to eligible participants. As of August 1998, a total of 16 inservice courses and 10 one day workshops were provided throughout California. These trainings have been requested by a variety of public and private agencies including: early childhood special education programs, Head Start programs, Regional Centers, early intervention agencies, and inservice and preservice training programs. At least 300 service providers have received the 15 hour course provided by the project and approximately 195 service providers have participated in project supported workshops. In addition, at least one 15 hour course and several workshops (1 to 6 hours) have been supported by local agencies in various communities. Further, members of the Core Instructor Team and Family/Professional Resource Teams have presented on Project CRAFT learning activities at a number of regional, statewide, and national conferences.

PROJECT CRAFT COURSE COMPETENCIES

Based on Cultural Competencies adopted by the California Interagency Coordinating Council (January, 1994) and revised based on input from the Project CRAFT Advisory Committee (4/15/94).

In California, service providers interact with children, families, and other professionals from a wide variety of cultural, language, and ethnic groups. The development of cultural competence is essential in working sensitively and respectfully with families of young children with special needs within the diversity of cultures in California. Cultural competence is reflected by: a self awareness of personal culture, values, beliefs, and behaviors; the knowledge of and respect for different cultures; and skills in interacting and responding to individuals from other cultures.

A. *Demonstrates the ability to:*
Define one's own culture and exhibit awareness of self as a cultural being, and its influence on one's interactions with people from other cultures.

B. *Demonstrates knowledge/understanding of Cultural Diversity:*

1. Characteristics of the variety of cultures in California:
   - Implications of community demographics
   - Specific cultural values, beliefs such as child rearing practices, attitudes toward individuals with disabilities, health and healing
   - Extent of individual differences within every cultural group; i.e., within group differences may be as great or greater than across-group differences
   - Assimilation and acculturation
   - Potential barriers to communication

2. Considerations in assessment and intervention with young children with disabilities who are also culturally and linguistically different:
   - Legal requirements and guidelines
   - Strategies for non-biased assessment
   - Second language acquisition
   - Importance of developing and adapting intervention strategies and materials to meet individual needs

3. Support services:
   - Bilingual/bicultural providers and community resources
   - Appropriate use of interpreters and translators, including use of written materials in a primary language.

C. *Demonstrates the ability to:*

1. Identify barriers to communication between families and service providers whose cultures are different.

2. Respond and interact appropriately with families from a variety of different cultures:
   - Provide support and information for families in their acculturation process
   - Respect and value diverse cultures, languages, lifestyles, and family configurations
   - Adapt intervention strategies to accommodate the diverse cultural beliefs, values and practices of families

3. Adapt intervention strategies to accommodate diverse influences on children's social behavior and learning styles.

Project CRAFT

INSERVICE TRAINING COURSE

OBJECTIVES

1. To define one's own culture and better understand how it influences one's interactions with people from other cultures.

2. To increase knowledge of specific cultural values/beliefs pertaining to: families and child rearing practices, individuals with disabilities, and health and healing.

3. To increase knowledge of culture-specific communication styles and cross-cultural communication issues.

4. To identify major considerations in working with interpreters.

5. To increase knowledge of effective strategies for developing collaborative relationships with families.

6. To increase knowledge of family-focused, culturally responsive assessment issues and practices in relation to culturally and linguistically different children and families.

7. To increase knowledge of developmentally appropriate, culturally responsive intervention issues and practices in relation to culturally and linguistically different children and families.

GROUND RULES

Assumptions

We each bring our life experiences and different perspectives to this course. These differences provide a wealth of real situations, specific challenges, and practical strategies in providing early intervention/early childhood special education services to infants, toddlers, preschoolers and their families. This course is a special learning opportunity to share and refine our skills in providing culturally responsive and family focused services.

Agreements

1. Follow the course outline and keep the course objectives in mind.
2. Contribute to a safe and comfortable learning environment.
3. Share personal perspectives and experiences.
4. Share real situations, specific challenges, and practical strategies.
5. Provide opportunities for everyone to contribute their ideas.
6. Listen to each other.
7. Be open to new ideas, different perspectives, and other ways of doing things.
8. Give and receive feedback in a thoughtful and respectful way.
9. Take responsibility for our individual learning needs.
10. Enjoy ourselves and make the most of this learning opportunity.

RECOMMENDED TRAINING MATERIALS

Chen, D., Brekken, L. and Chan, S. (1997). *Project CRAFT. Culturally Responsive and Family Focused Training* (video and booklet)
Paul H. Brookes
Box 10624
Baltimore, MD 21285-0624
(800) 638-3775

Chen, D., Brekken, L. and Chan, S. (in preparation). *Conversations for Three: Communicating through Interpreters.*

Lynch, E. and Hanson, M. (1998). *Developing Cross Cultural Competence. A Guide for Working with Young Children and their Families.* (2nd ed.)
Paul H. Brookes
Box 10624
Baltimore, MD 21285-0624
(800) 638-3775

Essential Connections: Ten Keys to Culturally Sensitive Care (video and booklet).
California Department of Education
Bureau of Publications, Sales Unit
P.O. Box 271
Sacramento, CA 95812-0271
(800) 995-4099

Serving the Family. Special Education Cultural Competence Training.
California Department of Education
Resources in Special Education
429 J. Street
Sacramento, CA 95814
(916) 492-9990

* See Resource List for other training materials.

ASSIGNMENTS

Select one of the following as an assignment for participants or ask participants to choose. Give assignment out at the end of the first meeting and discuss the due date. Ask participants to type their assignment and hand in after the small group activity. You will need to decide how and when participants will share their assignments in small groups.

1. What intervention advice have you given to families that, on reflection, you have found to be in conflict with their culture or values? What did you do or could you have done to resolve that conflict?

   Share in small group, discuss situation, and generate ways of resolving that conflict.

2. Identify situations where your personal values have come into conflict with your role as an early interventionist (e.g., feminist values).

   Share in small group, discuss situation, and generate ways of resolving that conflict.

3. Identify "Rules for Early Intervention/Early Childhood Special Education" - i.e., what families should know in order to obtain services for their children:

   - Legal rights
   - Where do you go? Who do you ask?
   - What questions to ask? How to behave?
   - What are the expectations of the agency regarding how families should participate - i.e., responsibilities to the program and to the child?

   What strategies do you use to communicate these rules to families?

4. Identify a situation where your verbal and/or nonverbal communication with a family was misunderstood. How did you resolve this miscommunication?

   Discuss in small group and generate strategies for making sure the message gets across and how to check for understanding.

SUGGESTED OPENERS

Consider using one of the following activities or brief group discussion questions as on opener for the corresponding module or topic area to be covered in a given session:

Proverbs (Dynamics of Difference)

Think of a proverb that you learned in childhood, then share it with the larger group.(the RISE videotape "Serving the Family" can first be shown as a prompt).

Cultural Artifact (Dynamics of Difference)

Bring in an object that is unique to a specific culture (or group of cultures) and ask the participants to indicate what they think it is and what it's used for.

Foreigner (Dynamics of Difference)

Share an experience of being disoriented in a different culture or country.

Alike but Different (Culture Values - Overview)

"Do you know someone who is the same sex, approximate age, and from the same cultural background as yourself, but who is also very different from you?"

Taboo Subjects (Culture Values - Overview)

"What is / was not accepted to discuss with nonfamily members and / or people who are not close friends?"

Attitudes toward Disabilities (Culture Values - The Home Visit)

Give examples of how disabilities were viewed by your family.

Healing Practices (Culture Values - The Home Visit)

Share a "healing practice" (possibly a traditional or indigenous folk practice that was used by your family).

Respect (Child Rearing Practices)

"How do you indicate respect in your culture and family?"

Project CRAFT

INSERVICE TRAINING COURSE

MODULES

I. DYNAMICS OF DIFFERENCE
Self and Other Awareness

II. CULTURAL VALUES
Overview
The Home Visit

III. CHILD REARING PRACTICES

IV. COMMUNICATION STYLES

V. WORKING WITH INTERPRETERS

VI. BUILDING FAMILY/PROFESSIONAL RELATIONSHIPS

VII. EFFECTIVE ASSESSMENT PRACTICES
Legal Requirements for Developing the IFSP/IEP
Family-focused Assessment Procedures

VIII. EFFECTIVE INTERVENTION PRACTICES
Developmentally Appropriate and Culturally Responsive
Communication and Language Acquisition

Topic: **DYNAMICS OF DIFFERENCE (Part I)**

Activity: **Cultural Journey**

Time: 1 1/2 hours

Supplies: Handouts: "Cultural Journey" and "Proverbs", pencils, Project CRAFT video (optional)

Objective:

To focus participants' attention on their own roots, life experiences, and worldview.

Key Points:

- Each individual has a culture, a set of values, beliefs, biases, and behaviors that influence and shape his or her personal and professional lives.
- Many of the cultural and ethnic influences that shaped our development are outside our awareness.
- Reflecting on our own heritage can give us insight into who we are and why we think and act as we do personally and professionally.
- Knowing who we are helps us know others better.

Outline:

The format for presenting the following information includes a brief introduction, individual completion of the Cultural Journey, small group discussion of the Cultural Journey, and large group share-out and discussion.

Procedure:

1. Introduce the topic of personal exploration of one's roots, beliefs, biases, and behaviors by presenting the key points listed above.

2. Distribute the Cultural Journey forms and ask participants to complete them individually. Explain that they should write only what they feel comfortable writing and that the Journeys will not be collected but they will be sharing the information in small groups. As they are completing the Journey, play relaxing background music. Allow 10-15 minutes for individuals to read and complete the Cultural Journey form (a shorter, 6-item version of the form can also be used).

3. When most of the group seems to have finished, or after 10 to 15 minutes, ask participants to divide into small groups and bring their chairs together to form a circle.

4. When the small groups have been formed, ask participants to discuss the Cultural Journey. Suggest that the way they decide to discuss it is up to them. They may go through the items consecutively or focus on those items that were most interesting, most difficult, or most intriguing. Allow 20 to 30 minutes for this discussion.

   During the discussion in small groups, facilitators should float from group to group and listen to the discussion. If a particularly powerful or illustrative point is made, ask the group member if s/he would be willing to share it in the large group.

5. After 20 to 30 minutes of discussion, ask the participants to turn their chairs so that they become one large group. Ask groups to share out their learnings, anything that was discussed in their group that was interesting, similar, different, surprising, and so forth. If powerful points were identified as the facilitators floated, be sure that those people are asked to report.

6. The facilitators may wish to specifically explore issues pertaining to the "Imagine" section (questions 12-15 on the long version, and questions 5 & 6 on the short version). Depending upon the relative ethnic "mix" or homogeneity of the group, participant comfort levels in publicly discussing their various responses will vary. The questions may pull for stereotypes and/or perceptions that the facilitators can address if the participants don't readily disclose their responses/reactions. The Project CRAFT videotape segment on "Stereotypes and the Media" can also be shown and incorporated into the discussion (see corresponding activity guidelines).

7. Conclude by re-emphasizing the key points and the value of knowing oneself.

References:

Harry, B. (1992). Developing cultural self-awareness: The first step in values clarification for early interventionists. *Topics in Early Childhood Special Education, 12,* 333-350.

Lynch, E.W., (1992). Developing cross-cultural competence. In E.W. Lynch & M.J. Hanson (Eds.), *Developing Cross-cultural Competence: A Guide for Working with Young Children and Their Families* (pp. 35-62). Baltimore: Brookes.

A CULTURAL JOURNEY©

Culture isn't just something that someone else has. Everyone has a cultural, ethnic, and linguistic heritage that influences their current beliefs, values, and behaviors. To learn a little more about our own, take this simple cultural journey.

Origins

1. When you think about your roots, what (if any) country(ies) other than the United States do you identify as a place of origin for you or your family?

_____

2. Have you ever heard any stories about how your family or your ancestors relocated from their home country? Briefly, what was the story?

_____

3. Are there any foods that you or someone else prepares that are traditional for your country(ies) of origin? What are they?

_____

4. Are there any celebrations, ceremonies, rituals, holidays that your family continues to celebrate that reflect your country(ies) of origin? What are they? How are they celebrated?

_____

5. Do you or anyone in your family speak a language other than English because of your origins? If so, what language?

_____

6. Can you think of one piece of advice that has been handed down through your family that reflects the values held by your ancestors in the country(ies) of origin? What is it?

_____

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A CULTURAL JOURNEY (cont'd)

Beliefs, Biases, and Behaviors

7. Have you ever heard anyone make a negative comment about people from your country(ies) of origin? If so, what was it?

_____

8. As you were growing up, do you remember discovering that your family did anything differently from other families that you were exposed to because of your culture, religion, or ethnicity? Name something that you remember that was different.

_____

9. Have you ever been with someone in a work situation that did something because of their culture, religion, or ethnicity that seemed unusual to you? What was it?

_____

Why did it seem unusual?

_____

10. Have you ever felt very uncomfortable, upset, or shocked by something that you saw when you were traveling in another part of the world or different region/community? If so, what was it?

_____

How did it make you feel? Pick some descriptive words to explain your feelings.

_____

How did you react?

_____

In retrospect, how do you wish you would have reacted?

_____

A CULTURAL JOURNEY (cont'd)

11. Have you ever done anything that you think was culturally inappropriate when you have been in another country or with someone from a different culture? In other words, have you ever done something that you think might have been upsetting or embarrassing to them? What was it?

_____

What did you do to try to improve the situation?

_____

Imagine

12. If you could be from another culture or ethnic group, what culture would it be? Why?

_____

13. What is one value from that culture or ethnic group that attracts you to it?

_____

14. Is there anything about that culture or ethnic group that concerns or frightens you? What is it?

_____

15. Name one concrete way in which you think your life would be different if you were from that culture or ethnic group?

_____

Short Form

A CULTURAL JOURNEY

Culture isn't just something that someone else has. Everyone has a cultural, ethnic, and linguistic heritage that influences their current beliefs, values, and behaviors. To learn a little more about our own, take this simple cultural journey.

1. When you think about your roots, what (if any) country(ies) other than the United States do you identify as a place of origin for you or your family?

   _____

2. Can you think of one piece of advice that has been handed down through your family that reflects the values held by your ancestors in the country(ies) of origin? What is it?

   _____

3. Have you ever heard anyone make a negative comment about people from your country(ies) of origin? If so, what was it?

   _____

4. As you were growing up, do you remember discovering that your family did anything differently from other families that you were exposed to because of your culture, religion, or ethnicity? Name something that you remember that was different.

   _____

5. If you could be from another culture or ethnic group, what culture would it be? Why?

   _____

6. What is one value from that culture or ethnic group that attracts you to it?

   _____

Adapted from: Lynch, E.W., & Hanson, M.J. (Eds.). (1992). *Developing cross-cultural competence: A guide for working with young children and their families*. Baltimore: Brookes.

Optional Activity: Proverbs (30 minutes)

1. Break participants into groups of 4-5.

2. Ask participants to think about "sayings" or "proverbs" that were common in their family or that they heard frequently while growing up. Identify when these sayings come to mind and what they mean.

3. Allow about 10 minutes for discussion in small groups.

4. Ask everyone to share their reflections with the large group.

5. Show segment on proverbs from the video "Serving the Family".

6. Distribute handout on "Proverbs from Across the Cultures".

7. Identify the common themes that seem to occur in different proverbs. Discuss how culture values are reflected in these proverbs.

Optional Activity: Superstitions (30 minutes)

1. Distribute and discuss the "Evil Eye" handout.

2. Ask participants to think about superstitions or beliefs that they heard frequently while growing up.

3. Allow about 15 minutes for group discussion.

4. Identify common themes across various beliefs.

PROVERBS FROM ACROSS THE CULTURES

Culture is the sum of all the forms of art, of love and of thought, which, in the course of centuries, have enabled man to be less enslaved.

Andre Malraux

Do unto others as you would want done unto yourself.
The squeaky wheel gets the grease.

Anglo-European Roots

No hay mal que por bien no venga.
(There is nothing bad out of which good cannot come.)
La verdad no mata, pero incomoda.
(The truth doesn't kill you but can make you uncomfortable.)

Latino Roots

A journey of a thousand miles begins with the first step.

Chinese Roots

Gentle speech will soften a hard heart.

Filipino Roots

Know where you came from and you'll always know where you're going. It takes a whole village to raise a child.

African American Roots

The nail that raises its head is hammered down.
What is left unsaid is rich as flowers.

Japanese Roots.

Patience is the key to freedom from grief and sorrow.
A whisper of love in the teacher's instruction can bring to school the reluctant student on holiday.

Middle Eastern Roots

Source: Lynch, E. W., Hanson, M. J. (1992) Developing Cross-Cultural Competence: A Guide for Working with Young Children and Their Families. Baltimore, MD, Paul H. Brookes.

THE "EVIL EYE' IN JEWISH EUROPEAN AND ORIENTAL COMMUNITIES

As a pre-school age child in Poland, my mother-in-law remembers being dressed with red ribbons around her neck to ward off the "evil eye". As an unspoken rule, children were not directly praised for fear of attracting the "evil eye". However, children could be complimented as long as they were not present; i.e., if they don't hear it, it won't hurt them. If words of praise, contentment, or statements of good fortune or good health were uttered, they were quickly followed by throwing salt over one's shoulder, gently blowing or spitting 3 times (to push away the "evil eye"), and / or by saying the Yiddish phrase "kaynahora", a shortened version of "kayn ayen horeh" ("may there be no evil eye"). The Hebrew version is "K'neged ayen harah", meaning "as against the 'evil eye'".)

Though evil, which takes the form of the "evil eye", harkens back to the Old Testament, the previously mentioned Jewish, Eastern-European or "Ashkenazic" customs were adapted from prevailing peasant superstitions and folk beliefs. As a first-generation American of Russian-Polish background, I still find myself fondly murmuring my grandmother's "kaynahora" or "pooh, pooh, pooh" (that delicate spit or blowing custom to push the "evil eye" away) when life is good.

Customs to ward off the "evil eye" were and are also prevalent in the Jewish Oriental or "Sephardic" communities which settled in Israel from countries such as Morocco and Yemen. Just as in the Eastern-European countries, Jews living in these predominantly Arab countries adapted the folk customs of their surroundings to their own beliefs. Thus, such customs as the wearing or hanging in one's home of the "hamsah" (literally, "five fingers" in Arabic), i.e., the metal amulet of an open palm, is used to ward off the "evil eye". Just as the color "red" was used in "Ashkenazic" communities to counteract the "evil eye", the color "blue" was often painted on doors and window sills in the Sephardic communities. Today in Israel, colorful blue doors and sills dot the landscape in villages, towns, and cities (such as Tzfat, which has a large "Sephardic" community). The Arabic phrase, "hamsah b'ayno" (literally meaning, "the hand against the eye") can also be heard.

Though specific customs may have differed within the "Ashkenazic" and "Sephardic" communities, they both have shared the folk beliefs of the "evil eye" and the need for customs to protect against its impact. When working with Jewish families, especially those where significant family members, such as parents or grandparents come directly from European or Oriental / Arab communities, it is beneficial to understand that praise of children, good fortune, good health, etc., may need to be qualified with a phrase. Though these folk beliefs have diminished in modern times, it is important to consider that lack of praise in parent-child communications may be folklorically motivated.

Janet Shultz
January, 1996

Topic: **DYNAMICS OF DIFFERENCE (Part II)**

Activity: **Understanding Stereotypes**

Time: 1 hour

Supplies: Project CRAFT video; Handout: "Who are these 'Backwards' People?", "Diversity Wheel"

Objectives:

To enable the participant to identify (and own) his/her stereotypes.

To help the participant become more aware of how stereotypes impact his/her beliefs, perceptions, and behaviors.

Key Points:

- Stereotypes are oversimplified perceptions, opinions, or beliefs regarding any person or groups (including one's own).
- We all have them.
- They are often resistant to contradictory evidence ("the exception") and are reinforced by selective attention to people who "fit" them as proof of their "truth."
- They influence how we relate to others and our attitudes about them.
- One of the best ways of challenging stereotypes is to increase personal interactions with those whom we have stereotypes about and to develop genuine relationships with them.
- Early interventionists must examine and challenge stereotypes they hold toward particular groups of people if they are to treat them with respect.

Outline:

A brief overview of the characteristics and effects of stereotypes is followed by presenting the Project CRAFT videotape segment, "Stereotypes and the Media" (running time: 4 minutes) and the corresponding discussion questions. Optional activities: "Who are these Backwards People" or "The Diversity Wheel".

Discussion Questions:

1. ***How does stereotyping influence your interaction with families?***

   Have you had an experience where you had certain expectations or assumptions that influenced how you interacted with families (examples could include a teen mother, a family receiving AFDC, a gay or lesbian couple, a parent with a heavy accent, a non-English speaking family, a parent with a disability, or a father who stays at home with the children).

   How did the stereotype impact your interactions?

2. ***What strategies have you used to overcome these stereotypes?***

   Have participants examine a personal stereotype that has been challenged:

   First think of a personal or family stereotype.
   How did it develop?
   What challenged this stereotype?
   How did I think/feel about this person or family and relate differently to them when I let go of the stereotype?
   What did I do to further challenge the stereotype?

Optional Discussion Questions:

1. Identify experiences that have:
   a. Increased your sense of pride, identification, or some other positive aspect of belonging to a particular ethnic or cultural group.
   b. Alienated you from your ethnic/cultural background or selective members of your group.

2. Share an instance when someone made a cultural stereotypical assumption about you.

Trainer Notes:

The discussion of stereotypes may cause some participants to recall distinctly negative experiences and strong feelings may be expressed. The trainer(s) must be prepared to respond to potentially emotionally loaded discussions. If the participants have had a prior working relationship and appear to know and trust each other, a powerful large group discussion can be facilitated. If they have not developed trust or do not know one another well, the discussion questions can be responded to by pairs of participants or small groups of 3-4 participants. During shareback, ask participants to highlight key points or principles rather than give specific examples.

"Who Are These 'Backwards' People"

Activity

Distribute handout to each participant. Allow about 5-10 minutes and then ask for group to share. Provide solutions and end with key points.

Solutions to questions:

1. National Geographic features people of every continent with a significant number of articles on the United States.
2. A fetish is an object of irrational reverence or obsessive devotion. Generally, "Americans" are obsessed with money. The individuals honored on money are revered ancestors.
3. In many Christian ceremonies a wafer and juice or wine are used to signify the flesh and blood of Christ ("This is His Flesh and this is His Blood").
4. Surgeons are highly respected and they cut the flesh of the "weak"(sick).
5. In the USA, sushi and some gourmet pates made with raw meat are generally consumed by members of the "upper" classes or those with more education.
6. Homeless and helpless children abound and are abandoned in our wild urban environments.
7. Movie stars are not seen as mere actors. Rather, they are regarded as if they are the characters they portray in films celebrating love, violence, humor, drama or whatever the genre.
8. U.S. soldiers and police apply face-paint for camouflage when they are going into action. U.S. soldiers are trained in survival techniques including the consumption of insects and roots.
9. "American" women use lip-stick, mascara and eyeliner. Statistics showing the tendency of women to live longer are widely known.
10. The Bible says that Eve was made from Adam's rib. Many Christian ministers have a Ph.D.
11. Inmates in mental institutions, some "drag-queens" and members of the Ku Klux Klan are looked down upon and wear gowns. Judges and surgeons wear gowns and are respected.
12. Most people wish they could dictate and have reality respond accordingly. But no one wants to be referred to as any sort of dictator.
13. Children are taught to expect a visit from a tooth fairy if they loose a tooth. Adults expect that disability insurance benefits will be awarded if they have a policy and a disabling incident.

14. A Savage is a brutal person. According to the FBI 35 to 55 serial killers roam the USA.
15. Television sets are used to feed a child's mind and hold a child's attention. Every part of a TV set is forged and shaped with the use of intense heat or fire.
16. Halloween.
17. Since the end of World War II, the USA has been involved in wars on every continent and during every decade.
18. Professional boxers.
19. It is generally accepted that "baby-sitters" are paid $2.00 an hour and that the younger the children are with whom a teacher works, the lower the prestige and pay due that teacher.
20. Who are these backwards people? Nezitic Asu backwards is USA citizen.

Key points

- The descriptive phrases could apply to many cultures, however, the specific people in question are citizens of the U.S.A.
- Sociological phenomena can be universal. Cultural contexts may vary widely.
- Across cultures, people are trained to react to social and cultural stimuli with preconceived responses.
- Culturally accepted terminology and phrases are used without evaluation.
- Descriptive cultural words carry associations which may have no basis in fact.
- Scientific technology advantage is often associated with moral advantage.
- Effective cross-cultural intervention requires investigation into a specific family's cultural profile.

Prepared by: Raymond Walker

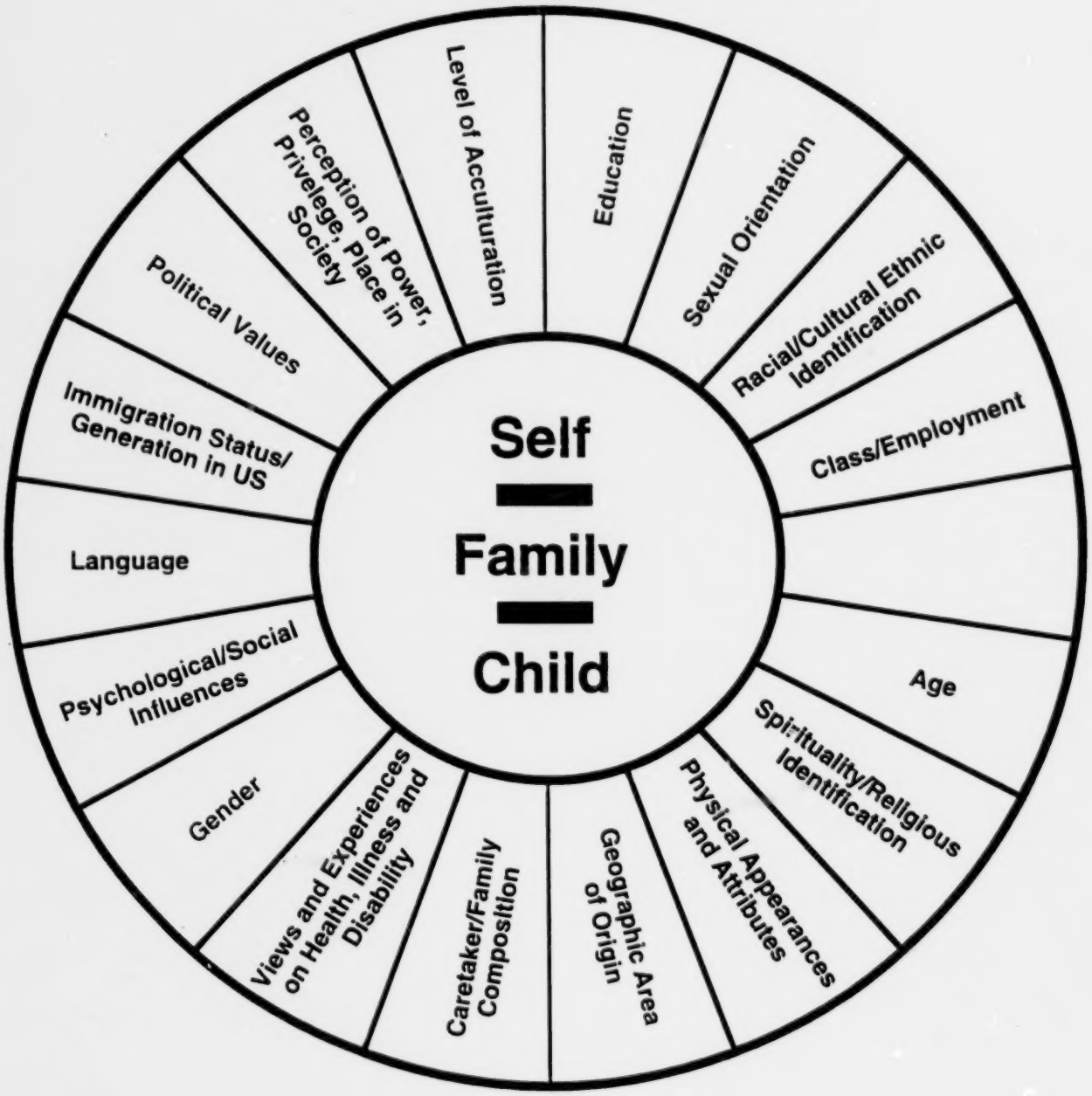
Who Are These 'Backwards' People?

- **Please read the descriptions below and then form a picture of the people being described.**
- **After reading each sentence, try to guess the continent or countries in which these people may live. Please record the places that first come to your mind.**

1. The people of this land have often been featured in National Geographic magazine.
2. The people are driven to possess fetishes which are also used for ancestor worship.
3. In widespread cult rituals, members of the group proclaim that they are eating flesh.
4. Some of the society's most exalted and respected cut the flesh of the weak.
5. Some of the people of higher status eat raw flesh. Those of lower status generally do not.
6. Some children are abandoned to survive living in the wild or to die.
7. Many people believe that storytellers are the characters they pretend to be in celebrations.
8. Warriors paint themselves for battle and consume insects in preparation for war.
9. There is another group that often uses body-paint. Most believe these people live longer.
10. Spiritual doctors teach that women are made from a single bone.
11. Many of those who are looked down on and many of those who are looked up to, wear gowns.
12. Most everyone wishes they were a king or a queen, but they are offended if someone says so.
13. Children are taught to believe imaginary beings will reward them for the loss of body parts and adults are taught that an artificial being will reward them for the loss of body parts.
14. There are savages who roam the country killing innocent men, women and children.
15. Adults allow their children to be fed and held by idols forged with fire.
16. In some harvest time celebrations people are encouraged to act like demons and other evil beings.
17. The society has been at war often.
18. Their most wealthy warriors are those who publicly beat their enemies without killing them.
19. The people proclaim that babies are the most precious possessions they have. Those who are asked to watch over infants and guarantee their safety are the least rewarded by this society.
20. A person in this society is called a Nezitic Asu.

(c) 1996 Raymond Walker

Diversity Wheel



© Bridges Team, adapted from Chela Rios Munoz, 1997

Optional Activity (30-45 minutes) Diversity Wheel

The Diversity Wheel was designed to help identify the myriad of factors which define an individual's uniqueness. The tool was developed to help providers gain a better understanding of what contributes to the formation of individual values and beliefs.

To use the wheel effectively, to gain self understanding (or understanding of the family) the provider should, for each section of the wheel, ask:

A. What are my (or the family's) significant experiences, beliefs, and emotional attachments in this area?
B. How do they affect how I (the family) view the world and how I (the family) interact with others?
C. In what ways might these experience, beliefs, and emotional attachments play a role in how I (the family) perceive others?

The wheel can be used to help formulate thoughts for the following exercises and can also be used with case vignettes to help providers determine the areas where their values and beliefs may differ from those of the client and assist in the development of appropriate and sensitive intervention strategies.

Directions

1. Distribute the Diversity Wheel handout to each participant and provide the questions listed below.
2. Break up the group into small groups of 3-6 people.
3. Allow approximately 15-30 minutes for small group discussion.
4. Reconvene the large group and ask if anyone wants to share experiences; i.e., did anyone discover commonalties with someone they didn't expect to have shared experiences with? Were there any surprises for individuals about their own responses or those of others?

Cultural Sensitivity and Self Awareness Exercise

Questions - Option 1

1. Pick 3 categories from the Diversity Wheel and think about how they contribute to your uniqueness as an individual. (If not included on the wheel, list any other applicable categories.) Please describe.

2. As you were growing up, do you remember discovering that your family did anything differently from other families that you were exposed to because of your culture, religion, or ethnicity? Name something that you remember that was different and describe how it made you feel?

3. Have you ever heard a negative comment about people from your cultural background, or religion, or any other aspect of your identity (refer to the Diversity Wheel)? If so, please describe how it made you feel?

Questions - Option 2

1. What three areas of the diversity wheel stand out to you as best describing your identity? Why?

2. As you were growing up, do you remember discovering that your family did anything differently from other families because of your culture, religion, or ethnicity? If so, what was it and do you remember how it made you feel?

3. Do you remember your first encounter with a person who had a disability? What do you remember about this experience?

4. Do you remember your first encounter with a person from a culture different from your own? What do you remember about this experience?

Bridges Team (S. Greenwald, S. Jackson-Ricks, C. Rios Munoz, K. Tanner, A. Turner)
Cultural Awareness Exercise - Feb. 1997

Topic: **CULTURAL VALUES (Part I)**

Activity: **Overview, videotape presentation, discussion**

Time: 1 hour

Supplies: Handouts ("Culture," "Givens of Culture," "Definitions," "Dimensions of Diversity," "Contrast Values," "Cultural Values Continua"), Project CRAFT video

Objectives:

To review the definitions of "culture" and its givens.

To promote awareness of contrasting cultural values among ethnic groups.

To increase insight into various cultural orientations pertaining to individuals with disabilities.

Key Points:

- Cultural values dictate what is desirable for the individual and the larger society; they contribute to a sense of identity and characteristic ways of perceiving, thinking, feeling, and behaving.
- A major aspect of cultural variation and difference is the contrast in values between individualist and collectivist cultures.
- A family's culture is shaped by heritage, personal values, and circumstances.
- A family may be part of a larger cultural group, but each family has its own distinct "culture."
- Culture-specific views toward disability are significantly influenced by values/beliefs regarding causation, the nature of the disability, and traditional health practices.

Outline:

A brief overview of the definitions of "culture" and its givens is presented. An introduction to culture and contrast values is followed by the Project CRAFT videotape segment on "Family Values". The instructors will further illustrate culture-specific values and issues pertaining to disabilities through their various personal and professional experiences. The instructors then co-facilitate a large group discussion regarding how to understand the perspective of a family of a child with a disability.

Procedure:

1. Introduce the topic of cultural values by first presenting a brief overview of the definitions of "culture" and various principles (participants are referred to the "Culture" and "Givens of Culture" handouts). A focus on the "culture within" or hidden aspects of culture thus leads to the challenge of understanding different cultural values.

   For any "ethnic" group or individual of a given race/ethnicity (refer to the "Definitions" handout), there are many subcultures that shape cultural identity and values. Among the primary subcultures or dimensions of diversity (in addition to race and ethnicity) are age, gender, sexual orientation, and disability (refer to the "Dimensions of Diversity" handout). Corresponding characteristics of these various subcultures may or may not be obvious.

   A focus on the "culture within" or hidden aspects of culture leads to the challenge of understanding different cultural values. Briefly discuss the contrasting values of "individualist" and "collectivist" cultures (refer to the "Contrast Values" and "Cultural Values Continua" handouts). It is important to note that individuals of any given cultural background may adopt values that vary along a continuum. A person who is from a typically collectivist culture (e.g., Asian) may nonetheless subscribe to values such as competition, informality, and/or independence. Relative acculturation experience and any number of other factors (including personal preferences) contribute to the complexity of each individual's value system. The key consideration is to understand and appreciate culture-specific values without stereotyping or assuming that corresponding members of a culture may actually maintain those values. (Option: Project CRAFT videotape segment on "Cultural Diversity" (running time: 3 minutes) can be presented to reinforce key points).

2. Next present the second part of the Project CRAFT videotape segment on "Family Values" (running time: 5 minutes). This segment, titled "Families and the Impact of a Child with a Disability," includes African American and Latino parents who describe their respective experiences coping with their children.

3. Each presenter further illustrates culture-specific values and issues pertaining to disabilities by sharing examples of their own personal/professional experiences.

4. Invite participants to reflect on the information presented in the video segment, as well as by the instructors, then facilitate a large group discussion in response to the question:

   How can we understand the perspective of a family who has a child with a disability?

   Think of a problem with one of the children in your childhood family.
   How did your family address the problem?
   What resources were available?
   What resources did your family actually use?

Trainer Notes:

The family member of the instructor team is critical to facilitating this discussion. While having contributed examples of relevant personal experiences, he/she can also encourage and support the participation of those who are also family members of a person with a disability.

A summary discussion should invite and challenge the participants to examine their personal beliefs and core values (and their origins), their perceptions of selected families (previously identified in the "Stereotypes" activity), and how these are reconciled with the beliefs/values and behaviors of various families they serve.

CULTURE

The way of life of a group of people.

Culture is learned, not innate.

Culture includes a group's shared:

- **values**
- **beliefs**
- **behaviors**
- **preferences**
- **verbal & nonverbal communication styles**
- **relationship patterns**

``What everybody knows that everybody else knows''

THE GIVENS OF CULTURE

1. Cultural assumptions are beliefs which are so completely accepted within the group that they do not need to be stated, questioned, or defended.

2. Children raised in a particular group are encultured into its "right" ways.

3. Each culture thinks its own ways are superior.

4. Everyone is ethnocentric.

5. Our culture and values influence *what* we see, hear and feel. They also influence *how* we see, hear and feel.

6. We all have biases and prejudices and discussing them is risky.

7. Not every conflict involving people who are different is caused by a cultural problem.

8. In every culture, people respond to respect and disrespect.

9. Cultural conflict does not disappear because we decide to ignore it.

10. Improving intercultural relationships and valuing diversity require patience, tolerance for ambiguity, flexibility, humility, an open mind, and a sense of humor.

DEFINITIONS

Culture

The way of life of a group of people, including shared views of the world and social reality, values and beliefs, roles and relationships, and patterns or standards of behavior (such as communication styles). Cultural features are linked to a sense of shared ancestry and continuity with the past and can be based on race, ethnicity, nationality, geographic location, as well as other dimensions of diversity.

Ethnicity

A group classification in which members share a common origin, history, cultural heritage, customs, language, religion, and other cultural factors. Ethnicity exists only to the extent that groups of people actually use it to organize themselves and categorize others.

Race

A pseudobiological category that distinguishes people on the basis of physical characteristics (e.g., skin color, body shape/size, facial features, hair texture). Historically, humans were divided into four races: white or Caucasoid (Europeans), red (American Indians), dark or Mongoloid/Malayan (Asian and Pacific Islanders), and black or Negroid (Africans). The majority of contemporary cultural and physical anthropologists reject race as a biological category. In fact, there is more genetic variation within one "race" than there is between that race and another. People of a given race are also highly varied in terms of ethnicity and culture.

CONTRAST VALUES

Individualist Cultures	Collectivist Cultures
Mastery over Nature	Harmony with Nature
Personal Control over the Environment	Fate
Doing	Being
Future Orientation	Past or Present Orientation
Change	Tradition
Time Dominates	Personal Interaction Dominates
Human Equality	Hierarchy/Rank/Status
Youth	Elders
Self-Help	Birthright Inheritance
Individualism/Privacy	Group Welfare
Competition	Cooperation
Informality	Formality
Directness/Openness/Honesty	Indirectness/Ritual/"Face"
Practicality/Efficiency	Idealism/Theory
Materialism	Spiritualism/Detachment

Adapted from: Kohls, L.R.(1994). *The Values Americans Live By*. Washington, D.C.: Meridian House International.

DIMENSIONS OF DIVERSITY

PRIMARY - Dimensions that we are born with and/or cannot be easily changed.

- **AGE**
- **RACE**
- **GENDER**
- **ETHNIC HERITAGE**
- **ABILITY & DISABILITY**
- **SEXUAL ORIENTATION**

DIMENSIONS OF DIVERSITY

SECONDARY - Dimensions that we acquire and/or add on as part of life experiences.

- **PRIMARY LANGUAGE**
- **GEOGRAPHIC LOCATION**
- **RELIGION**
- **FAMILY/MARITAL STATUS**
- **PARENTAL STATUS**
- **EDUCATION**
- **WORK EXPERIENCE**
- **MILITARY EXPERIENCE**
- **CURRENT OCCUPATION/PROFESSION**
- **INCOME**

Loden, M. & Rosener, J. (1991). *Workforce America!* Burr Ridge, IL: Business One Irwin.

CULTURAL VALUES CONTINUA

Extended family & kinship networks.....reliance on extended family — *Small-unit families with little*

Interdependence.....Independence

Respect for age & tradition.....Emphasis on youth & the future

Nurturance of young children.....Independence of young children

Time is given.....Time is measured

Ownership defined in broad terms.....specific — *Ownership is individual and*

Formal, hierarchical interactions .....interactions — *Informal, casual, "democratic"*

Harmony.....Control

Balance in life.....Material or vocational success

Spirituality & arts in daily life.....and arts as a performance — *Spirituality not pervasive*

©E. Lynch 7/31/94

Topic: **CULTURAL VALUES (Part II)**

Activity: **The Home Visit**

Time: 1 hour

Supplies: Handouts (Vignettes on "Cultural Values"), chart pads and stands, felt pens, tape.

Objective:

To develop strategies for identifying culture-specific values and perceptions of a child's disability, health and healing.

Key Points:

- Providers have a responsibility to be knowledgeable about a variety of culture- specific views toward disability, health and healing that may be maintained by significant numbers of families whom they serve.
- Providers must determine the extent to which "traditional" values and perceptions may impact various family members' concerns, priorities, and preferences regarding the child's condition/needs.
- Providers must then reconcile culture-specific family issues with their preferred assessment considerations and intervention strategies.
- Family-focused service delivery requires a delicate balance between professional judgment and responsibility/respect for family values/child welfare.

Outline:

This exercise follows **Cultural Values** (Part I), which included the videotape presentation and discussion of culture-specific values and the impact of a child with a disability. Participants are introduced to the "Home Visit" exercise which includes small group problem-solving and discussion pertaining to specific vignettes, followed by large group share-out and discussion.

Procedure

1. After introducing the activity, the large group is divided into 4-5 small groups. Each group is given copies of a different vignette and asked to read then discuss the corresponding situation and set of questions for a period of 20 minutes. A facilitator, recorder, and reporter need to be identified for each group: the facilitator opens the discussion and ensures that all members of the group have an opportunity to contribute; the recorder makes notes of key ideas, then

writes selected strategies, questions, and concerns on the large chart paper; the reporter finally shares the key discussion points with the larger group.

2. When the large group reconvenes, the reporter for each group summarizes their specific vignette situations, then presents key strategies, considerations, and concerns that their small group generated. Participants from the other groups are then invited to ask questions and offer suggestions, concerns, and feedback.

3. The large group presentations conclude with the instructor summarizing the main ideas, principles, and issues that seem to be generalizable with regard to:

   -Strategies for gathering information about the family's values/beliefs and perceptions of the child's disability.

   -Ways to balance the family characteristics with the professional's concerns about the child's condition/needs.

Reference:

Wayman, K.I., Lynch, E.W., & Hanson, M.J. (1990). "Guidelines for the Home Visitor" in Home-based early childhood services: Cultural sensitivity in a family systems approach. *Topics in early Childhood Special Education, 10*, 65-66

GUIDELINES FOR THE HOME VISITOR

Part I - Family structure and child rearing practices

- Family structure
  - Family composition
    - Who are the members of the family system?
    - Who are the key decision makers?
    - Is decision making related to specific situations?
    - Is decision making individual or group oriented?
    - Do family members all live in the same household?
    - What is the relationship of friends to the family system?
    - What is the hierarchy within the family? Is status related to gender or age?

  - Primary caregiver(s)
    - Who is the primary caregiver?
    - Who else participates in the caregiving?
    - What is the amount of care given by mother versus others?
    - How much time does the infant spend away from the primary caregiver?
    - Is there conflict between caregivers regarding appropriate practices?
    - What ecological/environmental issues impinge upon general caregiving (i.e., housing, job etc.)?

  - Child rearing practices
    - Family feeding practices
    - What are the family feeding practices?
    - What are the mealtime rules?
    - What types of foods are eaten?
    - What are the beliefs regarding breast-feeding and weaning?
    - What are the beliefs regarding bottle feeding?
    - What are the family practices regarding transitioning to solid food?
    - Which family members prepare food?
    - Is food purchased or homemade?
    - Are there any taboos related to food preparation or handling?
    - Which family members feed the child?
    - What is the configuration of the family mealtime?
    - What are the family's views on independent feeding?
    - Is there a discrepancy among family members regarding the beliefs and practices related to feeding an infant/toddler?

  - Family sleeping patterns
    - Does the infant sleep in the same room/bed as the parents?
    - At what age is the infant moved away from close proximity to the mother?
    - Is there an established bedtime?
    - What is the family response to an infant when he or she awakes at night?
    - What practices surround daytime napping?

  - Family's response to disobedience and aggression
    - What are the parameters of acceptable child behavior?
    - What form does the discipline take?
    - Who metes out the disciplinary action?

  - Family's response to a crying infant
    - Temporal qualities - How long before the caregiver picks up a crying infant?
    - How does the caregiver calm an upset infant?

GUIDELINES FOR THE HOME VISITOR (cont.)

Part II - Family perceptions and attitudes

- Family perception of child's disability
  - Are there cultural or religious factors that would shape family perceptions?
  - To what/where/whom does the family assign responsibility for their child's disability?
  - How does the family view the role of fate in their lives?
  - How does the family view their role in intervening with their child? Do they feel they can make a difference or do they consider it hopeless?

- Family's perception of health and healing
  - What is the family's approach to medical needs?
    - Do they rely solely on Western medical services?
    - Do they rely solely on holistic approaches?
    - Do they utilize a combination of these approaches?
  - Who is the primary medical provider or conveyer of medical information?
    - Family members? Elders? Friends? Folk healers? Family doctor? Medical specialists?
    - Do all members of the family agree on approaches to medical needs?

- Family's perception of help-seeking and intervention
  - From whom does the family seek help - family members or outside agencies/individuals?
  - Does the family seek help directly or indirectly?
  - What are the general feelings of the family when seeking assistance-ashamed, angry, demand as a right, view as unnecessary?
  - With which community systems does the family interact (educational/medical/social)?
  - How are these interactions completed (face-to-face, telephone, letter)?
  - Which family member interacts with other systems?
  - Does that family member feel comfortable when interacting with other systems?

Part III - Language and communication styles

- Language
  - To what degree:
    - Is the home visitor proficient in the family's native language?
    - Is the family proficient in English?

  - If an interpreter is used:
    - With which culture is the interpreter primarily affiliated?
    - Is the interpreter familiar with the colloquialisms of the family members' country or region of origin?
    - Is the family member comfortable with the interpreter? Would the family member feel more comfortable with an interpreter of the same sex?
    - If written materials are used, are they in the family's native language?

- Interaction styles
  - Does the family communicate with each other in a direct or indirect style?
  - Does the family tend to interact in a quiet manner or a loud manner?
  - Do family members share feelings when discussing emotional issues?
  - Does the family ask you direct questions?
  - Does the family value a lengthy social time at each home visit unrelated to the early childhood services program goals?
  - Is it important for the family to know about the home visitor's extended family?
  - Is the home visitor comfortable sharing that information?

From Wayman, J.J., Lynch, E.W., & Hanson, M.J. (1990). Home-based early childhood services: Cultural sensitivity in a family systems approach. *Topic in Early Childhood Special Education. 10*, 65-66.

VIGNETTE #1 - Cultural Values

Situation

At 2 weeks of age, Sandy Lee was referred from the University of California Medical Center to the Chinatown Child Development Center (CCDC) Infant Program. The referring physician wished to have CCDC staff provide information to Sandy's parents about Down syndrome and to further consider providing follow-up services for Sandy and the family. Two staff members thus scheduled a home visit for their initial meeting.

Mr. & Mrs. Lee are non-English speaking and recently immigrated to the U.S. from Hong Kong. Sandy's paternal grandmother lives with the family. Mr. Lee works long hours and is generally unable to take time off from either of his two jobs. Sandy's mother is having difficulty successfully feeding her. This is her first child and she feels isolated and rejected by her mother-in-law who blames her for Sandy's condition.

(Source: Chan, S. (1992). Families with Asian roots. In E.W. Lynch & M.J. Hanson (Eds.). *Developing Cross-cultural Competence* (pp. 181-257). Baltimore: Brookes.)

Questions:

1. What would have been your initial concerns/considerations in preparing for the home visit?

2. What specific "cultural" factors may be influencing selected family members' perceptions of the child?

3. What would you need to say/do in order to establish trust/credibility with the family?

VIGNETTE #2 - Cultural Values

Situation

A younger mother had a 20-month-old infant who was diagnosed with Down syndrome. She was from a rural part of Mexico, had 4 years of schooling in Mexico, and had gone to English classes in the United States for 1 year. She had a brother and sister-in-law who lived in the area and who often offered their ideas on child care since they had four children.

The mother had noted that her infant had been restless and seemed to be uncomfortable. She felt the top of his head and noted that it was particularly soft. Sometimes parents who cannot ascribe a specific illness to a child who is fretful may say, *"Se ha caido la mollera,"* which implies that the child's fontanel has fallen, causing the discomfort.

This mother had heard her brother describe the interventions: one was to break an egg over the child's head; the other was to push on the roof of the child's mouth to address the problem. The mother held the child upside down and placed her hand in the child's mouth to push the *mollera* back up so as to bring relief to the child. Instead, the child began choking and almost stopped breathing. The same day the visiting nurse heard about this episode and made a referral to a worker who was bilingual. The mother explained she was concerned that the child had problems with his *mollera* and that her relative's prescriptions or interventions were being followed since he had more experience with children.

(Source: Zuñiga, M.E. (1992). Families with Latino roots. In E.W. Lynch & M.J. Hanson (Eds.). *Developing Cross-cultural Competence* (pp. 151-179). Baltimore: Brookes.)

Questions:

1. What would have been your initial concerns/considerations in preparing for the home visit?

2. What specific "cultural" factors may be influencing selected family members' perceptions of the child?

3. What would you need to say/do in order to establish trust/credibility with the family?

VIGNETTE #3 - Cultural Values

Situation

I am a social worker with an early intervention program. When I came to call on the family after receiving a referral for early intervention services, I found a clean little apartment on the fourth floor of a rundown building. Because the mother did not speak or understand English, a neighbor was invited to interpret for us. After introductions, I spoke about the 9-month infant who sat quietly flirting with me from her mother's lap. I mentioned how pretty and bright-eyed she was. The neighbor had been busily chatting away with the mother - interpreting my words and telling me what the mother was saying. Suddenly, she became quiet. She looked away and said a few clipped words to the mother who received them with a surprised expression. The mother hesitated and then responded, which the neighbor quickly relayed to me. "She is not as pretty as the babies in my village at home."

Later, when the home visit was finished, the neighbor accompanied me into the hall. She hesitantly explained, "Our people do not praise our babies as your people do. We believe that many babies die because there are spirits that capture their will to live and convince them to leave this world. We never say good words about our babies because these spirits will hear and come take them. Sometimes we say bad things so the spirits will think that the baby is not worth bothering with."

(Source: Mikes, K., Bean, R., & Weatherston, D. (1994). *On behalf of families: A sourcebook of training activities for early intervention.* Detroit: Merrill-Palmer Institute, Wayne State University.)

Questions:

1. After hearing the neighbor's explanation what would you do next?

2. What would you do to build a relationship with this mother?

3. What would you have done differently to prepare for this home visit?

VIGNETTE #4 - Cultural Values

Situation

Tuyet is a 30-month-old Vietnamese child who participates in an early intervention program for special needs children. About a year ago, Tuyet had become increasingly withdrawn, stopped talking, and began demonstrating spontaneous and severe tantrums. Mrs. Nguyen, Tuyet's mother, has become reluctant to participate in center-based program activities that encourage parents to engage in verbal and sensory-motor stimulation of their children, with staff guidance. She has also been unable to implement a behavioral intervention program at home designed to promote prosocial behaviors and speech development as well as reduce Tuyet's behavior problems. In a recent home visit, Tuyet's primary teacher found Mrs. Nguyen to be distressed and ambivalent about continuing to participate in the early intervention program.

Shortly thereafter, Tuyet was absent from the program for several days, reportedly due to illness. When she returned, you noticed that she had visible long red marks and welted areas on her neck and arms. When Mrs. Nguyen was asked about the marks, she appeared embarrassed and avoided offering an explanation.

(Source: Chan, S. (1992). Families with Asian roots. In E.W. Lynch & M.J. Hanson (Eds.). *Developing Cross-cultural Competence* (pp. 181-257). Baltimore: Brookes.)

Questions:

1. What would have been your concerns/considerations in preparing for the home visit?

2. What specific "cultural" factors may be influencing the mother's perceptions of her child as well as her way of coping with the child's needs?

3. What will you do in response to the child's welts on her neck and arms?

VIGNETTE #5 - Cultural Values

Situation

A traditional Indian family whose 2½-year-old daughter had a repaired cleft lip and chronic otitis media was referred for early intervention services by a community clinic pediatrician. The pediatrician was concerned about the child's speech and language, as well as the child's behavior problems.

The early interventionist went to the home for the first visit in order to talk to the family and get a case history. She was told the mother and father lived with the mother's parents and an elderly aunt. During the first visit to the home, the children were very quiet. The elder aunt stayed in the kitchen and the grandparents were in town shopping.

The early interventionist introduced herself and explained why she was there. She began to ask questions on the case history. She was confused by the responses to questions regarding the child's development. The parents did not seem to remember when the child sat up or began walking. Although the doctor stated that the child was using single words to name things, the parents said the child was not talking yet. The early interventionist also asked if the parents had any concerns about the child's behavior. The parents said, "No". The early interventionist left after arranging to come back in a week.

(Source: Joe, J.R. & Malach, R.S. (1992). Families with Native American roots. In E.W. Lynch & M.J. Hanson (Eds.). *Developing Cross-cultural Competence* (pp. 89-119). Baltimore: Brookes.)

Questions:

1. What would have been your initial concerns/considerations in preparing for the home visit?

2. What specific "cultural" factors may be influencing selected family members' perceptions of the child?

3. What would you need to say/do in order to establish trust/credibility with the family?

VIGNETTE #6 - Cultural Values

Situation

A middle-aged Latina woman and her 4-year-old son walked into the emergency room. They both looked very uncomfortable being there. When taken into the examining room to see the doctor, the mother stated through an interpreter that she had never been in a hospital. She noted that she usually treats her children at home with "remedios" (home remedies). She explained to the doctor that her reason for bringing her son in was that he had a persistent ear ache for a few weeks, and now the pain was too much. She also noted that her son could not sleep and felt very warm.

Upon examining the child's inner ear, the doctor found that it was very swollen and red. He also found a small dark green object sticking out of the ear canal. The doctor took a pair of tweezers and began to remove what appeared to be a leaf from a plant. Not believing what he had seen, the doctor left the room to call two colleagues. Upon returning, he continued to probe in the ear and found other pieces of leaf which he immediately removed. He asked the mom "How did the leaves get into your child's ear?" The mother responded with pride, "I put the leaves in his ear." The doctor became excited and very irate. Using a very harsh tone, he proceeded to scold the mother and threatened to report her to child protective services; he explained that this agency could remove her child from the home for such "weird" behavior.

The mother and her son were ultimately released from the emergency room. They were sent to the pharmacy where she was to pick up some antibiotics for the child's ear infection. She was also asked to bring her child back in a few days in order for the doctor to monitor his progress.

Humiliated and frightened, the mother quickly walked out of the emergency room with her son clutched under her arm.

(Source: Luz Reyes)

Questions:

1. What specific "cultural" factors may have influenced the mother's approach to treating her child's ear?

2. What could the doctors have done differently to communicate more effectively with the mother?

VIGNETTE #7 - Cultural Values

Situation

A 1 ½ year old child had a diagnosis of Down syndrome with mild levels of delay. Her mother is Brazilian and her father is Anglo-European. The child's heart condition necessitated immediate corrective cardiac surgery. During surgery, the heart condition was corrected; however, complications left the child on life supports, blind and with a prognosis of profound mental retardation, severe seizures, and inability to eat. Whenever sedative levels were reduced the child cried and screamed constantly. The mother spent three months sleeping in her daughter's hospital room. The medical and social work team met with mother to discuss the child's prognosis and recommended treatment.

They recommended: 1) placement of the child in a group home for health care; 2) medication for seizures; and 3) a feeding tube. Both parents believed that the child remaining at home with the family was the only possible choice. The mother felt that the doctor's methods had not worked and wanted to discontinue medication and consult a Santero for spiritual and homeopathic healing, diet, etc.

The team's recommendations were in conflict with mother's previous experience and approach to healing. They also did not respond favorably to her preferences and did not explore her reasons for wanting to pursue an alternate approach. The family left feeling outraged and alienated. They subsequently rejected the team's recommendations completely and followed their own course of action. They took the child home, and extended family moved in and took turns holding and feeding the child around the clock. Instead of medications they provided a modified diet.

(Source: Lyn O'Neill-Burton and Nancy Spiegel)

Questions:

1. What specific "cultural" factors influenced the mother's approach to "treating" her daughter's condition?

2. How could the team have balanced their concerns/recommendations with the family's choice of healing practices?

Topic: CHILD REARING PRACTICES (Part Ia)

Activity: **Understanding the Diversity of Families**

Time: 75 minutes

Supplies: Handouts ("Our Families," "Child Rearing Practices"), Project CRAFT video, chart pad and stand, felt pens, tape

Objective:

To increase participant knowledge of similarities and differences in child rearing practices among culturally diverse families.

Key Points:

- Families vary in structure and composition.
- A family's cultural values are reflected in expectations of children, discipline, how children interact with adults and peers, children's participation in home routines and self help skills, and in their toys and play.
- Child rearing practices are influenced by cultural history, spiritual beliefs, socio-economic conditions, educational level.

Outline:

This activity is first introduced by showing the initial part of the Project CRAFT videotape segment on "Family Values" (running time: 9 minutes). The instructors highlight the above key points then introduce the "Our Families" activity, followed by small group discussions, large group share-out and discussion.

Procedure:

1. Introduce the session by presenting the first part of the Project CRAFT videotape segment on "Family Values" (running time: 9 minutes). Next highlight the key points, then proceed with the activity).

2. Divide the large group into small groups with up to 4 participants from different cultural backgrounds in each (if possible). Each participant is given a copy of the "Our Families" handout. A facilitator, recorder, and reporter need to be identified for each group. The facilitator and recorder will each need a copy of the "Child Rearing Practices" recording sheet. The facilitator opens the discussion and ensures that all members of the group have

an opportunity to contribute; the recorder takes summary notes; the reporter will share the discussion highlights with the large group. Allow up to 40 minutes for the small group discussions.

3. When the large group reconvenes, the reporter for each group will summarize their respective small group discussions and identify Key Points. These points should be recorded on large chart paper by one of the instructor team members.

4. Summarize the large group discussion by identifying overall similarities and differences in child rearing experiences/practices among the participants.

Reference:

Lynch, E.W., & Hanson, M.J. (1992). *Developing Cross-cultural Competence: A Guide for Working with Young Children and Their Families.* Baltimore: Brookes.

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OUR FAMILIES

1. Think about your childhood and your family values, beliefs, and expectations or your own values, beliefs, and expectations in rearing your children.

2. Identify any values, beliefs, and child rearing practices that you feel are specific to your family's cultural heritage.

3. Identify and discuss similarities and differences between what was presented in the chapter pertaining to your ethnic group(s) (in *Developing Cross-Cultural Competence*) and your own family experiences.

4. Discuss similarities and differences in upbringing and child rearing practices experienced by each person in the group in selected areas: expectations of children's behaviors, discipline, interaction with adults and peers, participation in home routines and self help skills, and types of play.

CHILD REARING PRACTICES

Family Cultures

Practices				
Expectations of Child				
Discipline				
Interaction with Adults and Peers				
Self Help Skills				
Play				
Other				

Topic: **CHILD REARING PRACTICES (Part Ib)**

Activity: **Keys to Culturally Responsive Practices**

Time: 30 minutes

Supplies: "Essential Connections: Ten Keys To Culturally Sensitive Care" video

Objective:

To identify culturally responsive practices which reconcile the early interventionist's cultural beliefs, perspectives and values with those of the family.

Key Points:

Developing culturally responsive practices requires:

- A recognition of our own cultural beliefs
- Being open to the perspectives of others
- Gathering cultural and family information
- Clarifying values
- Negotiating cultural conflicts

Outline:

Having previously examined similarities/differences in child rearing practices among the participants in Part Ia, this part of the module further identifies strategies for developing culturally responsive practices in working with culturally diverse families. The format includes a video presentation followed by a large group discussion and summary of the Key Points.

Procedure:

1. Introduce the videotape "Ten Keys to Culturally Sensitive Child Care" by providing a brief overview of the segments to be shown:

   Key #6 - *Uncover your cultural beliefs* (4 mins.)
   -What are your child rearing expectations?
   -What are the program's daily routines?

   Key #7 - *Be open to the perspectives of others* (2+ mins.)
   -There are many ways to the same activity.
   -My way may be different than yours.

Key #8 - *Seek out cultural and family information* (3 mins.)
-Read and gather information.
-Ask family about what you've read or learned about their culture.

2. View the video segments (#s 6 - 8) in a continuous sequence (total running time: 9 mins.).

3. Invite participants to respond to the various segments and facilitate a large group discussion.

4. Introduce the next set of video segments (#s 9 & 10) and view them in a continuous sequence (total running time: 10 mins.).

Key #9 - *Clarify values* (4 mins.)
-What is best for the child?
-What is the family's perspective?
-What is your perspective?

Key #10 - *Negotiate cultural conflicts* (6+ mins.)
-What's in a name?
-Is s/he old enough to walk?

5. Invite participants to respond to the various segments and facilitate a large group discussion.

6. Summarize the key points of the video and discussion.

Topic: **CHILD REARING PRACTICES (Part II)**

Activity: **Small Group Problem-Solving**

Time: 45 minutes

Supplies: Handouts (Vignettes on "Child Rearing Practices"), chart pads and stands, felt pens, tape

Objective:

To develop strategies for identifying and balancing culture-specific child rearing values/practices with intervention needs and priorities.

Key Points:

- Reflect on your role as an early interventionist/early childhood special educator and how this role guides your interactions with families.
- Gather information about the family's perspectives, priorities, and concerns.
- Gather information about the influence of the child's disability on the family.
- Gather information about what intervention outcomes are desired by the family.
- Identify what intervention activities are essential for the child at this time.
- Identify what and how intervention activities might fit within the family routine.
- Clarify whether your interventions are family focused and/or child focused at this time.

Outline:

The format for this activity includes small group problem-solving and discussion pertaining to specific vignettes, followed by large group share-out and discussion.

Procedure:

1. Introduce the activity by highlighting the Key Points.

2. Divide the large group into 5 small groups. Each group is given copies of a different vignette and asked to read, then discuss the corresponding situation and set of questions for a period of 20 minutes. A facilitator, recorder, and reporter need to be identified for each group: the facilitator opens the discussion and ensures that all members of the group have an opportunity to contribute; the recorder takes summary notes, then records selected strategies, questions, and concerns on the large chart paper; the reporter finally shares the key discussion points with the larger group.

   When the large group reconvenes, the reporter for each group summarizes their specific vignette situations, then presents key strategies, considerations, and concerns that their small group generated. Participants from the other groups are then invited to ask questions and offer suggestions, concerns, feedback.

3. The large group presentations conclude with the instructor summarizing the main ideas, principles, issues that seem to be generalizable with regard to:

   -Strategies for gathering information about the family's interactional style, priorities, concerns, values.

   -Ways to balance the family characteristics with the professional's concerns about the child's intervention needs.

Tips for Instructors:

As you rotate and sit in on small group discussions, determine whether you need to contribute additional focusing questions to stimulate suggestions for strategies. These focusing questions may also be used to facilitate the large group discussion during share-out.

Vignette #1

- What are the family's priorities for and concerns about the child?
- How does the family communicate when an "outsider" is not around?
- What nonverbal strategies do caregivers use with infants in this community?
- Is there another family of a deaf child in this community who can share their experiences with the new family?
- Is there a deaf adult in this community who can share his/her experiences with the family?

Vignette #2

- What are the family's intervention priorities for Joey?
- Why are they concerned about his safety?
- Have they seen him taking independent steps at playgroup?
- How might you assist them in providing opportunities for safe movement and exploration around the house?

Vignette #3

- What are the family's intervention priorities for Tina?
- Why does she come to school dressed up?
- Why are they concerned about her playing outside?
- How might you increase the family's comfort level with the program's activities?
- How could you provide active participation, socialization, and cooperative play opportunities for Tina?

Vignette #4

- What are the family's intervention priorities for Michael?
- Why does the mother believe that she should feed him?
- Is there another mother in a similar situation who could share her feeding strategies with Michael's mother?
- How would you provide opportunities for Michael to feed himself?

Vignette #5

- What are the family's intervention priorities for Terry and Peter?
- Why do they want Terry and Peter to become independent on buttons, zippers, and snaps?
- How can you help Terry and Peter become independent in dressing themselves?
- How would you discuss your practice of using meaningful, motivating, and naturally-occurring situations as learning opportunities with the foster parents?

VIGNETTE #1 - Child Rearing Practices

Situation

You are an early interventionist who has just begun to visit a Native American family with an 18-month-old who has been diagnosed as having a severe hearing loss, hypotonia, and developmental delays. The child does not have any spoken words or signs. You have made some suggestions regarding the use of "motherese", facial expressions, animated gestures, and signs to encourage the toddler's communication development. You have noticed that the mother and grandparents seem very "low key" in their interactions with you as well as the toddler. When you discussed this observation with a colleague, she said that this interactional style is culturally appropriate for the family. You are concerned about the family's interaction style and the child's communication needs because of her severe hearing loss and other disabilities.

(Source: Deborah Chen)

Questions

1. As the early interventionist, what would you do?

2. What strategies would you use to gather information about the family's interactional style?

3. How would you balance what is natural for the family with your professional concerns about the child's communication needs?

VIGNETTE #2 - Child Rearing Practices

Situation

During playgroup at the center, 30-month-old Joey has practiced taking independent steps and moving around toys and equipment. After each play session, he seems to gain confidence and ability in walking. However, during home visits, you observe that Joey is confined in a 2-foot by 3-foot play pen. When you ask the family how much time Joey spends in the playpen, they indicate that he is taken out to eat in his high chair and to sleep in his crib. They are very worried about Joey falling and hurting himself and feel it is more important for him to be safe than to walk about independently. You are concerned about Joey's movement and exploration skills and believe that he would benefit from opportunities to move about his home.

(Source: Gary Scott Johnson)

Questions

1. As the early interventionist, what would you do?

2. What strategies would you use to understand the family's perspective?

3. How would you balance the family's concerns for safety with your professional concerns about Joey's motor development?

VIGNETTE #3 - Child Rearing Practices

Situation

Tina is 3 years old and has just started preschool. She comes to school in dresses and does not initiate or participate in play activities unless encouraged to do so by an adult. She has a severe visual impairment. Her parents are very concerned about her playing outside, getting dirty, and ruining her clothes. The preschool program is very play-based, encourages exploration, active outside play, arts and crafts, and other activities that can be messy with preschoolers. As the child's preschool teacher, you believe that she needs opportunities for socialization, for hands on experiences, to learn by active participation, and to develop cooperative play skills.

(Source: Deborah Chen and Linda Brekken)

Questions

1. As Tina's preschool teacher, what would you do?

2. What strategies would you use to understand the family's perspective?

3. How would you balance the family's values and concerns with your professional concerns about Tina's development of social and play skills?

VIGNETTE #4 - Child Rearing Practices

Situation

Michael is a 4-year-old child whose disabilities include severe developmental delays and seizures. In your preschool class you have been encouraging Michael to pick up and feed himself bits of banana, crackers, and to drink from a cup. He is quite cooperative, although he needs physical assistance to hold the cup and prompting to initiate picking up fingerfoods. However, in talking with his mother, she indicates that she does not expect Michael to ever feed himself independently because of his disabilities. She says that he makes a mess and does not get enough to eat unless she feeds him. She has noticed that he does try to hold his bottle. You believe that Michael can learn some self feeding skills and wonder how to discuss this with his mother.

(Source: Deborah Chen)

Questions

1. As the early childhood special educator, what would you do?

2. What strategies would you use to understand the mother's perspective?

3. What would you do to balance her priorities and concerns with your concerns about Michael's self feeding skills?

VIGNETTE #5 - Child Rearing Practices

Situation

You are a preschool teacher in a setting that serves nondisabled children and children with disabilities. Terry and Peter have just enrolled in your class. They have been identified as nonverbal and developmentally delayed. These two 5-year-olds live in the same foster home. The foster parents are very involved in their children's educational programs and have identified very specific goals for their children. They have indicated Terry and Peter need to develop independent self care skills and have focused on dressing skills. They said that the former special education preschool program used frames with buttons, snaps, and zippers, and a large foam block with various fastenings. These foster parents have indicated that they want Terry and Peter to practice fastening skills and that they think you should get the "right kind" of instructional materials. Your preschool program has a very different philosophy and focus. You believe in providing learning opportunities within natural situations particularly within the context of play. You wonder how to acknowledge the family's priorities and share your beliefs about developmentally appropriate practice with them.

(Source: Deborah Chen)

Questions

1. As the early childhood special educator, what would you do?

2. What strategies would you use to understand the foster parents' perspective?

3. What would you do to balance their priorities with your philosophy of developmentally appropriate practice?

VIGNETTE #6 - Child Rearing Practices

Situation

An Indian child with Down syndrome and his family received early intervention services for 2 years. At age three, he was ready to transition into a preschool program. The child lived with his single teenage mother and grandmother. Extended family lived nearby and were closely involved in decisions regarding childrearing. The mother believed that the public school would provide her son with a good program and she was looking forward to a break from child care. She also wanted to take classes so that she could get a good job eventually.

The extended family did not support the decision to send this 3-year-old child to school. They believed it was the mother's responsibility to care for him. They believed the child was still ill, had suffered long enough, and should be kept at home and protected. They trusted the early interventionist who had been visiting the home weekly for 2 years and wanted her to continue to see the child until he was at least 6 years old, when they thought he would be ready for school. The family was upset that the early interventionist would not continue to provide services.

(Source: Joe, J.R. & Malach, R.S. (1992). Families with Native American Roots. In E. Lynch & M. Hanson (Eds.). *Developing cross-cultural competence* (pp. 89-119). Baltimore: Paul H. Brookes.)

Questions:

1. As the early interventionist, what would you do?

2. What strategies would you use to understand the extended family members' perspective?

3. How would you balance the family's concerns with your professional concerns about the child's needs?

VIGNETTE #7 - Child Rearing Practices

Situation

Janice and Natalie are 4-year-old African American twin girls. As a result of exposure to chickenpox in utero, Janice is totally blind, and has seizures and severe developmental delays, including feeding difficulties. Natalie has extremely limited vision in one eye, is also severely delayed, and has frequent seizures. The twins live with both of their parents and an older, 6-year-old sister. The maternal grandmother, who is an R.N., came to live with the family after the twins' birth and remains with them to this day. She has become the key agent in terms of medical expertise, follow through on all appointments, day care provision, and advocacy for the family. While both parents work, the father is the more flexible parent in terms of being able to take time off to participate in his daughters' various appointments and programs. These include three different preschools, OT/PT through CCS, and mobility services and Braille Institute services for Janice. Both girls also have numerous medical specialists in two different cities.

The family goals are that both girls will enter full-inclusion Kindergarten programs. This is very much a possibility for Janice as she has a commitment from the Braille Institute for an aide while she is in the classroom, is mobile (with assistance), and has obvious awareness and interest in her environment. Natalie, on the other hand, sleeps through most of her various program activities. The problem is largely due to the fact that Natalie is typically awake most of the night; however, she does not fuss while awake, and her parents have adapted to this situation. While her parents and grandmother want her to continue participating in programs all day, Natalie is rarely awake long enough to benefit from them. This is a very busy family who would not welcome the intrusion of behavioral intervention services during the night-time hours and haven't accepted the need for a change in Natalie's sleeping pattern.

(Source: Celina Andrade)

Questions:

1. What are the parents' expectations for Natalie and the role of the grandmother in influencing them?

2. How would you, as an early interventionist, balance their concerns and preferences with your professional recommendations?

VIGNETTE #8 - Child Rearing Practices

Situation

Carlos is a 2-year, 10-month-old boy who lives with his parents and maternal uncle in a small apartment. His mother is pregnant with her second child. The family is originally from Mexico and has been in the United States since Carlos was 1 year old. Carlos' parents have been concerned about his odd behavior, non-compliance, tantrums, and lack of language. Following a careful evaluation by the Regional Center, he was tentatively diagnosed as autistic. Explaining this diagnosis to the parents has been a challenge to the Regional Center service coordinator. Carlos' father is insistent that the behaviors are simply disobedience and threatens to physically discipline him into more acceptable behavior. The service coordinator has obtained behavioral services for Carlos for development of an in-home behavior and parent-training program. While the father refuses to participate, he also remains in the background, badgering the mother's attempts to learn the program. He will not interact with the behavior specialist nor with the service coordinator but has not forbidden the provision of services.

Carlos' parents are also dealing with the questions of "How did this unexplainable condition occur? Who is to blame?" At a recent parent play group held at the infant toddler program which Carlos and his mother attend, she broke down and admitted she believes her husband's accusations that she did something wrong and is being punished through their son. She is very fearful that the baby she is now carrying will "suffer the same fate."

(Source: Celina Andrade)

Questions:

1. What are the parent's respective beliefs and expectations regarding Carlos' condition and how would you respond to them?

2. How would you balance their concerns with your professional recommendations?

VIGNETTE #9 - Child Rearing Practices

Situation

Johnny is a 2 ½-year-old Native American child with a diagnosis of cerebral palsy and has received California Early Start in-home services since he was 2 months old. He is a happy child who enjoys exploring his home environment. He crawls, is beginning to pull himself up to standing, and seems eager to learn to walk like his 4-year-old sister. The in-home services are provided by an infant specialist, Lynn.

Johnny lives at home in a rural area with his mother, father, older sister, paternal grandparents, and a great aunt who provides much of Johnny's care. His parents work full-time at the local casino on the reservation during the day where his grandparents are also employed on a part-time basis.

Lynn would like to discuss Johnny's transition from infant to preschool with his family. She believes he would benefit from socialization with peers and the more extensive services available at the special day class preschool. Lynn is finding it difficult to arrange a time to meet with Johnny's parents and has even offered to meet them on their lunch break at the casino. Johnny's teacher feels that the family is not interested in preschool options and fears they may not be as concerned or aware of the importance of Johnny's developmental progress.

(Source: Patty Moore)

Questions:

1. What do you think are the parents' and extended family members' expectations for Johnny?

2. What strategies would you use to communicate your professional concerns as an early interventionist with the family members?

VIGNETTE #10 - Child Rearing Practices

Situation

The Smiths are a European American family who live in a small urban community. Ed and Laura Smith have three children: Their oldest child Ned is four and is an active, healthy little boy preparing for kindergarten; Mikey is three and his baby sister, Estelle, is 6 months old. Mikey and Estelle were both born with a rare syndrome, are developmentally delayed, and experience multiple, daily seizures.

Laura is a homemaker who is very concerned with her children's developmental and medical needs. She frequently researches information related to her children's syndrome. She is also very active in community activities. Ed is a loving father who enjoys hunting and para-gliding in his free time.

While Estelle received Early Start in-home services, Mikey is transitioning from a center-based program into preschool. Despite support group pressure regarding more inclusive school environments, Laura is very happy with a self-contained special day class preschool. The bus transportation provided for Mikey is a welcome relief to Laura's schedule. Laura has recently been experiencing undiagnosed medical problems of her own and undergoing tests and receiving treatment from a number of doctors and therapists. Overall, Laura has been pleased with the support and intervention her family has received. Ed is also pleased and is anxiously planning their summer family vacation, camping in the redwoods.

(Source: Patty Moore)

Questions:

1. What types of parental roles and corresponding family dynamics seem to be operating in this family?

2. What strategies would you use as an early interventionist to balance your professional concerns with the parents' current practices, needs, and preferences?

VIGNETTE #11 - Child Rearing Practices

Situation

Tony is a 4-month-old Laotian boy. He was referred to the Early Start Infant Program by his pediatrician because of a preliminary diagnosis of albinism. Tony's parents were born in Laos and came to the United States (San Diego) as refugees in the mid 1970s. Both parents completed high school, and the father works and supports the family, while the mother attends college. Tony's maternal grandmother moved in with the family after his birth to help with his care and to enable Tony's mother to continue attending school. There is also a step-daughter from the father's previous marriage living with the family.

When Tony's parents were first contacted, they were not interested in intervention or visual impairment services. They felt that Tony's skin was light, but they had known other Laotians, even family members with light skin. They wanted to wait until final diagnostic tests were made at UCLA. After the diagnosis was confirmed, the family was open to home visits from the infant specialist and vision specialists. They asked that the visits take place when the grandmother was present, Dad was home from work, and Mom and the step-sister were home from school so that they could all learn how to help Tony. They were not interested in having Tony participate in the school-based program; they instead wanted Tony to ultimately attend a "regular" preschool as his step-sister had done. They understood that Tony might eventually need special equipment to read, but they would deal with each situation as it arose.

(Source: Ann Blanton)

Questions:

1. What are the parents' and family members' roles and expectations relative to Tony?

2. How would you balance your professional concerns as an early interventionist with their preferences?

Topic: **BUILDING FAMILY/PROFESSIONAL RELATIONSHIPS**

Activity: **Identifying strategies to develop and maintain relationships**

Time: 1 hour

Supplies: Handout ("Families"), Project CRAFT video, chart pads and stands, felt pens

Objective:

To increase participant knowledge of effective strategies for developing collaborative relationships with families.

Key Points:

- "Families" are highly diverse in terms of how they are defined (refer to handout, "Families").
- Family/professional collaboration is an indicator of quality in programs for infants and young children with disabilities.
- Collaborative relationships are built on trust, mutual respect and shared goals.
- All relationships take time to develop.

Outline:

The format for this activity includes viewing the Project CRAFT video segment on "Building Relationships," using discussion questions, drawing from participant experiences, and identifying key points and strategies for developing collaborative family/professional relationships. The video vignette on the "NICU" may also be used for discussion.

Procedure:

1. Introduce the topic of Building Family/Professional Relationships by presenting the Key Points.
2. Write the following discussion questions on the chart:

   How can we develop and maintain positive relationships between families and professionals?

   How can we develop a relationship with a family whose language we do not speak?

3. Provide the following directions:

   "As you view the video segment note what service providers identify as being helpful in developing relationships with families, and what parents say they find helpful in working with professionals."

4. View the video segment on "Building Relationships" (running time: 13 minutes).

5. Ask participants for the main points and chart them. These may include ...:

   What service providers identified:

   -Help families learn the new service system.
   -Recognize a family's cultural values may be different than our own.
   -Gather information about the family's culture and background.
   -Provide a sense of belonging and respectfulness in the program.
   -Maintain ongoing contact and communication.
   -Follow the family's lead - begin there.

   What families identified:

   -Learn about the family's culture.
   -Understand the family's perspective - this is a new experience.
   -Use a "simple professional manner."
   -Develop trust and friendship.
   -Be willing to listen.

6. Ask participants for **specific strategies** (related to the ideas identified above) that they have found helpful in developing family/professional relationships.

   Ask guiding questions, if necessary, for example:

   How can we help families learn about the system?
   How do we maintain communication?
   What is a "simple professional manner"?
   How do we develop trust?

7. Relate discussion to previous learning activities, as appropriate (e.g., strategies identified in the Home Visit vignettes exercise (under Cultural Values).

8. If there is time, introduce the video vignette of the "NICU" situation (running time: 5 minutes) to illustrate how differences in values may be related to age and experience as well.

9. Summarize the activity by re-stating that building positive relationships takes time and requires trust, mutual respect, and shared goals.

Reference:

DEC Task Force on Recommended Practices (1993). DEC *recommended practices: Indicators of quality in programs for infants and young children with special needs and their families*. Reston, VA: Council for Exceptional Children.

FAMILIES

"Families are big, small, extended, nuclear, multi-generational, with one parent, two parents, and grandparents. We live under one roof, or many. A family can be as temporary as a few weeks, or as permanent as forever. We become a part of a family by birth, adoption, marriage, or from a desire for mutual support ... A family is a culture unto itself, with different values and unique ways of realizing its dreams; together our families become the source of our rich cultural heritage and spiritual diversity ... Our families create neighborhoods, communities, states, and nations."

(Excerpted from the Report of the House Memorial 5 Task Force on Young Children and Families, 1990, New Mexico.)

Topic: **COMMUNICATION STYLES**

Activity: **Understanding communication styles**

Time: 1 hour

Supplies: Handouts ("Communication Hooks" form, "Characteristics of High- and Low-Context Cultures," "Nonverbal Communication"), overheads ("Communication Patterns," "Communication Patterns in Selected National/Ethnic Groups"), Project CRAFT videotape, pencils

Objectives:

To acknowledge selected communication behaviors that may create conflict.

To identify the basic communication style characteristics of high-context and low-context cultures.

To develop more effective intercultural communication skills.

Key Points:

- Communication style is a critical aspect of culture and effective cross-cultural interactions depend primarily on successful communication.
- Collectivist cultures are typically high-context cultures, and individualist cultures are low-context cultures.
- Nonverbal communication, indirectness, conditional speech, and silence are prominent characteristics of high-context communication styles.

Outline:

Participants are first directed to complete the "Communication Hooks" exercise. The subsequent debrief leads into a discussion/presentation on communication styles; this includes a segment from the Project CRAFT videotape on "Communication" (running time: 5 minutes).

Procedure:

1. Briefly introduce the topic of cross-cultural communication, then distribute the "Communication Hooks" form. Allow about five minutes for each participant to individually complete the exercise. Ask participants to then voluntarily share with the larger group the verbal, then non-verbal behaviors they checked off. They can be asked to elaborate on them in order to discuss more specific examples and contexts in which they have experienced communication conflicts.

2. Lead the discussion into the presentation on communication styles, noting that selected communication "hooks" or behaviors may, in many cases, be characteristic of culture-specific styles of communication.

   The following introductory information can be initially presented:

   Edward Hall, a noted anthropologist, proposed a paradigm or way of comparing and contrasting various cultures throughout the world and to understand the nature of interactions occurring within a given culture.

   High-Context cultures - most of the communicative information is either in the physical context or internalized in the person, while very little is contained in the verbally transmitted part of the message. People are deeply involved with one another and able to anticipate each other's actions. This communication pattern is typically associated with collectivist cultures and reflects their corresponding traditional values.

   Low-Context cultures - most of the communicative information is conveyed through the verbal code. These cultures tend to be highly individualistic and often place greater emphasis on task and outcome than on the interpersonal relationship between those who are communicating.

3. Display the overhead, "Communication Patterns" and elaborate on each of the various contrasting characteristics of high- and low-context communication styles. Further discuss how specific national/ethnic groups (according to Hall's studies) can be identified along the continuum from low to high, by displaying the second overhead, "Communication Patterns in Selected National/Ethnic Groups."

4. Refer the participants to the handout, "Characteristics of High- and Low-Context Cultures" for more detailed information regarding differences in Association and Interaction.

5. Present the segment on "Communication" from the Project CRAFT videotape to further illustrate examples of culture-specific communication styles discussed by representatives of various national/ethnic groups.

6. Finally, review some of the key principles of effective cross-cultural communication:

   - Observe nonverbal behaviors (refer to handout: "Nonverbal Communication").
   - Listen more frequently than you talk.
   - Approach each interaction with a respect for relevant culture-specific orientations, values, roles/relationships, and customs.
   - Develop empathy, tolerance for ambiguity, patience, and a sense of humor.

References:

Hall, E. (1976). *Beyond Culture*. New York: Doubleday.

Lynch, E.W. & Hanson, M.J. (1992). *Developing Cross-cultural Competence: A Guide for Working with Young Children and Their Families*. Baltimore: Brookes.

Westaby, C.E. (1985). Culture in education and the instruction of language learning-disabled students. *Topics in Language Disorders, 5*(4), 15-28.

COMMUNICATION HOOKS

Check off any of the following behaviors or communication "hooks" that may frustrate, irritate, or create conflict for you when interacting with various individuals/families.

Verbal

_ Speaking too loudly

_ Speaking too softly

_ Speaking too slowly

_ Speaking too fast

_ Speaking with a heavy accent

_ Asking intrusive questions

_ Not answering questions

_ Not taking initiative to ask questions

_ Withholding or not volunteering information

_ Speaking another language

_ Not speaking English

_ Calling me by my first name

_ Not calling me by my first name

_ Using inappropriate language

Non-Verbal

_ Standing too close

_ No eye contact

_ Lack of facial expression

_ Soft hand shake

_ Distracting or offensive gestures

_ Slouching and leaning

_ Stiff, erect posture

_ Glaring eyes

Adapted from: Gardenswartz, L. & Rowe, A. (1994). *The Diversity Tool Kit.* Burr Ridge, IL: Irwin Professional Publishing (revised: 9/95)

COMMUNICATION PATTERNS

HIGH-CONTEXT	LOW-CONTEXT
NONVERBAL	VERBAL
IMPLICIT (context important)	EXPLICIT (words important)
INDIRECT	DIRECT
RECEIVER-ORIENTED	SENDER-ORIENTED
GOAL: establish or enhance interpersonal relationship	GOAL: exchange information, ideas, opinions
DISAGREEMENT personalized	DISAGREEMENT depersonalized

COMMUNICATION PATTERNS
IN
SELECTED NATIONAL/ETHNIC GROUPS

HIGH-CONTEXT

Asian
African American
American Indian
Latin American

MEDIUM

Arab
French
Greek
Italian
Spanish

MEDIUM LOW

"American"
(U.S. - women higher than men)

LOW-CONTEXT

German
Scandinavian
Swiss

CHARACTERISTICS OF HIGH- AND LOW-CONTEXT CULTURES

HIGH-CONTEXT	LOW-CONTEXT
Association	
• Relationships depend on trust, build up slowly, are stable. One distinguishes between people inside and people outside one's circle.	• Relationships begin and end quickly. Many people can be inside one's circle; circle's boundary is not clear.
• How things get done depends on relationships with people and attention to group process.	• Things get done by following procedures and paying attention to a goal.
• One's identity is rooted in groups (family, culture, work).	• One's identity is rooted in oneself and one's accomplishments.
• Social structure and authority are centralized; responsibility is at top. Person at top works for good of group.	• Social structure is decentralized; responsibility goes further down (is not concentrated at the top).
Interaction	
• High use of nonverbal elements; voice tone, facial expression, gestures, eye movement carry significant parts of conversation.	• Low use of nonverbal elements. Message is carried more by words than by nonverbal means.
• Verbal message is implicit; context (situation, people, nonverbal elements) is more important than words.	• Verbal message is explicit. Context is less important than words.
• Verbal message is indirect; one talks around the point and embellishes it.	• Verbal message is direct; one spells things out exactly.
• Communication is seen as an art form - a way of engaging someone.	• Communication is seen as a way of exchanging information, ideas, opinions.
• Disagreement is personalized. One is sensitive to conflict expressed in another's nonverbal communication. Conflict either must be solved before work can progress or must be avoided because it is personally threatening.	• Disagreement is depersonalized. One withdraws from conflict with another and gets on with the task. Focus is on rational solutions, not personal ones. One can be explicit about another's bothersome behavior.

Adapted from: Edward Hall, *Beyond Culture*. New York: Doubleday, 1976.

NONVERBAL COMMUNICATION

Much of what is communicated is conveyed through nonverbal behaviors that are specific to each culture. It is important to understand the cross-cultural variations in order to avoid misunderstanding and unintentional offenses.

- **Silence**
  Some cultures are quite comfortable with long periods of silence, while others consider it appropriate to speak before the other person has finished talking.

- **Proximity**
  Some cultures are comfortable with close body space, while others are more comfortable at greater distance.

- **Touching**
  Some cultures readily engage in hugging and handshaking as part of greetings and gestures of good will, while other cultures may consider them to be inappropriate.

- **Eye Contact**
  Some cultures advise their members to look people straight in the eye, while others consider it disrespectful, shameful, or a sign of hostility or impoliteness.

- **Emotional Expressiveness**
  Some cultures value stoicism, while others encourage open expression of such emotions as pain, joy, and sorrow. Some may smile or laugh to mask other emotions.

- **Gestures**
  Some cultures use large gestures and considerable arm waving when they communicate while others are uncomfortable with such gestures and respect calmness and control. Specific hand gestures that may signify readiness, praise, job well done, or good luck in some cultures may represent obscene gestures in other cultures.

Adapted from: Randall, D.E. (1989). *Strategies for Working with Culturally Diverse Communities and Clients.* Washington, D.C.: Association for the Care of Children's Health

Topic: WORKING WITH INTERPRETERS

Time: 2 hours - 4 hours

Supplies: Handouts ("Definition of Terms," Vignettes on "Working with Interpreters," "Working with the Interpreter: Basic Steps and Considerations," "Guidelines for Working with Interpreters," "Real vs. Ideal Conditions," "Interpretation / Translation Errors"), chart pads and stands, felt pens, tape, video *Conversations for Three* from Project CRAFT

Objective: To develop strategies for working effectively with interpreters.

Key Points:

- Working effectively with interpreters requires planning and preparation.
- The role of the interpreter is to facilitate the family/program relationship.
- Communication style characteristics of high-context and low-context cultures will influence the importance placed on verbal vs. nonverbal cues.

Outline:

The format for discussing this topic will include discussion questions, vignettes, small group activities, drawing from participant experiences, and identifying key points and strategies.

Procedure:

Introduction (60 minutes)

1. Introduce the topic of working with interpreters by asking participants "Who has worked with an interpreter in serving a family of a young child with a disability?" After participants have raised their hands, ask "What languages have these families spoken?" Chart their responses.

2. Distribute the handout "Definition of Terms" and discuss the differences between "interpretation" and "translation" and the types of interpretation.

3. Next ask the participants "What challenges have you encountered in working with interpreters?" Chart their responses.

4. If not provided in response to the previous question, ask participants to give specific examples of miscommunications or misunderstandings during the interpreting process. Chart their responses and discuss.

5. Next ask, "What are some strategies and resources that you have found helpful?" Chart their responses and discuss.

Optional Questions/Discussion:

6. If there is sufficient time, ask participants:

   "Who has worked with a translator in serving families of young children with a disability?"

   "Were there any translation problems/errors or miscommunications because of special terms, dialect, and/or regional linguistic differences?"

   "What strategies have you developed to address these problems or differences?"

Chart responses to these respective questions and discuss. Refer to handout, "Interpretation / Translation Errors" for Spanish language examples.

Summarize the similarities/differences between interpretation and translation.

Small Group Activity (45 minutes)

1. Divide the large group into 4 small groups (4-5 participants each).

2. Distribute copies of the vignettes. Each group is given copies of a different vignette.

3. Ask participants to read then discuss the corresponding situation and set of questions for a period of 20 minutes. Each group needs to identify a facilitator, recorder, and reporter: the facilitator will open the discussion and ensure that all members of the group have an opportunity to contribute; the recorder will make note of key ideas, strategies, questions and concerns; and the reporter will share the key discussion points with the larger group.

4. Convene the large group after 20 minutes and ask the reporter for each group to summarize their specific vignette situations and present key strategies, considerations, and concerns that their small group generated.

5. Invite participants from the other groups to ask questions and offer suggestions, concerns, and feedback.

Option

Refer to video *Conversations for Three* for additional discussion points and group activities. (2 hours)

Summary (15 minutes)

1. Distribute the handouts on "Working with the Interpreter: Basic Steps and Considerations," "Qualifications of the Interpreter," "Guidelines for Working with Interpreters," and "Real vs. Ideal Conditions."

2. Review each handout and integrate key issues and strategies that were identified by the group with those listed in the handouts.

References:

Castex, G.M. (1994). Providing services to Hispanic/Latino populations: Profiles in diversity. *Social Work, 39*, (3), 288-296.

Langdon, H.W. (1994). *The interpreter/translator process in the educational setting.* Sacramento: RISE (California State University, Sacramento).

Valdivia, V.C. (1994). Workshop: Taller de traduccion e interpretacion (translation and interpretation workshop). San Diego, California.

DEFINITION OF TERMS

INTERPRETATION changing one language to another through speech or sign language.

TRANSLATION changing written information from one language to another.

Interpreting tends to be more difficult than translation because the interpreter must have an extensive vocabulary, good memory skills and quickness of response. The interpreter also has to be able to work well with the public under the pressure of the moment. The more proficient the interpreter is in each language, the greater ease he/she has serving as an interpreter.

The translator's job tends to be less stressful (although more tedious) in that time is allowed to complete the task; he/she may use several dictionaries and other sources to complete a reliable translation. Final work can be proofed by another translator who may also serve as a "back-translator" by producing the original document from the translated version and checking for accuracy and precision (literal correspondence). Requirements of a translator are: knowledge of grammar, connotations, idiomatic expressions, and good stylistic expression.

Types of INTERPRETATION:

Consecutive involves changing the message from one language to another after a short pause with well spaced segments (most common type).

Simultaneous interpreting as the message is heard (as used in the United Nations).

Narrative describing or summarizing an ongoing activity, situation, or conversation.

Source: H.W. Langdon (1994). *The Interpreter/Translator Process in the Educational Setting*

VIGNETTE #1 - Working with Interpreters

Situation

You are visiting a new family for the first time. The records indicate that they are primarily Spanish speaking, so you arranged for an interpreter. The father states that he understands some English. During the visit, he chooses to serve as the interpreter and relays the information as he understands it to his wife. As a result, you find yourself being misunderstood, misinterpreted and misquoted by the father and are thus unable to ensure that the mother is receiving accurate information through his interpretations. Holding the conversation in English seems to serve an important purpose for this father.

(Source: Fernanda Armenta-Schmitt)

Questions:

1. How do you proceed in a manner that allows each family member to feel respected, builds rapport, and allows for a clear understanding of what is being discussed?

2. What are the issues of face-saving and shame?

3. In what way does the manner in which this family is dealing with the situation differ from how you might handle it?

VIGNETTE #2 - Working with Interpreters

Situation

Mary is a 7-month-old infant with Down syndrome. The family consists of a grandmother, father and mother. Each adult speaks a different dialect requiring a minimum of two interpreters when information is shared with an English-speaking service provider.

In a previous meeting, the grandmother told you and other program staff that Mary falls asleep at peculiar moments. She is very concerned about the health of the baby and told the baby's doctor, but no actions were taken. During a home visit, they pointed at her and said "Look, that's it. Look at the baby!"

With assistance from your infant program, the family's concerns are taken seriously by the physician and tests are initiated. After a number of visits to a variety of medical experts, the family reports that Mary has a "brain tumor on her optic nerve that will lead to her death." The family's impression of Mary's prognosis does not match the medical information received by your program (i.e., the condition may lead to loss of vision, but not death).

As the early interventionist, you feel that the family needs clear and concise information about Mary's condition. However, their culture does not permit the questioning of authority figures such as physicians. To ask for clarification of a diagnosis would be seen as a lack of respect. To ask questions would be viewed as equally offensive.

(Source: Gary Scott Johnson)

Questions:

1. What would you do to get additional information to the family?

2. What are the issues of face-saving and shame?

3. In what way does the manner in which this family is handling the situation differ from how you might handle it?

VIGNETTE #3 - Working with Interpreters

Situation

A family of a preschooler who is new to your program is coming for an IEP meeting in two weeks. You are concerned because you've been informed that they speak only Chinese and you have no bilingual staff. You want the meeting to go well and to be a positive beginning to your relationship with the family.

(Source: Deborah Chen)

Questions:

1. What information do you need to have?

2. How would you communicate with the family before the meeting?

3. How would you prepare for the meeting with the interpreter?

4. How would you know that your communication was being understood by the family?

VIGNETTE #4 - Working with Interpreters

Situation

You are the early interventionist working with a Vietnamese family of a 6-month-old who has multiple disabilities. You do not speak Vietnamese and they do not speak English. You want to develop a relationship of trust and respect with this family and wonder how you will do this since you don't speak the same language. Your program has a Vietnamese interpreter who is herself a mother of a child with a disability and you feel that she will be able to develop a close relationship with the family.

(Source: Deborah Chen)

Questions:

1. What strategies might you use to develop credibility and trust with this family?

2. How could the interpreter facilitate the building of a more direct relationship between you and the family?

WORKING WITH THE INTERPRETER: BASIC STEPS AND CONSIDERATIONS

Briefing/Preparation

- If you don't know the interpreter, introduce yourself, your role, and the program you represent. Learn about the interpreter's background and previous experience as an interpreter (refer to **"Qualifications of the Interpreter"**).

- If a qualified interpreter is not available (including interpreters that the family has recommended or prefers), avoid, if at all possible, using family members - especially siblings. The nature of the subjects and issues to be addressed as well as prescribed roles/relationships among family members may create cultural pressures and dynamics that have negative consequences and thus contribute to embarrassment, anxiety, discomfort, and potential conflict when a family member must assume the role of an interpreter; he/she, in turn, may censor information, change its intended meaning, and/or simply give inaccurate interpretations.

- Review the following:

  Why - purpose or goals of the meeting, session, or visit and the expected outcome.

  What - type of information to be discussed or needed, including basic content areas and corresponding terms, phrases, instructions, questions that will be used.

  How - forms, assessment tools, activities, reports, etc. that will be presented.

  How Long - how much time has been scheduled for the encounter and how flexible the time is.

- Share a brief description of the family (parents, child, family members, and/or other individuals) you will be seeing.

- State the importance of confidentiality and identify any particularly sensitive or critical issues/areas that will be covered in the session.

- Clarify expectations regarding the interpreter's role and discuss any specific questions/concerns he/she may have.

- If appropriate and there is sufficient time, allow the interpreter to meet briefly with the family member(s) before the session begins to develop initial rapport and to informally assess their language/ethnic characteristics and sociocultural/educational background; the interpreter may further wish to inform the professional whether social class, educational level, age, or gender differences between them and the family may impact their effectiveness as an interpreter.

Interaction

Refer to: **"Guidelines for Working with Interpreters"**

Additional Considerations:

- Become familiar with, acknowledge, and respect subcultural differences, national/ regional dialects, and diversity among the specific ethnic groups that you are serving; but recognize your limitations of knowledge and understanding of specific cultural/linguistic characteristics.

- Further acknowledge that, within your own area of expertise, you may not have answers or solutions to many concerns or problems.

- Be sensitive to the possibility that family members may be in crisis and experiencing anxiety or other emotional states at the time of the encounter. They may thus have added difficulty communicating through an interpreter or in English if they are somewhat proficient and no interpreter is available or being utilized.

- Don't assume that the family members who are present do not understand English.

- Although family members may understand and speak English with varying degrees of proficiency, they may prefer to speak in their primary language and thus request an interpreter (particularly when discussing more complex information or selected issues that require greater English vocabulary and/or which are emotionally sensitive).

- Don't assume that because a family member speaks and understand English, he/she also can read and write it (this also may be the case for their primary language). Levels of literacy should thus be determined before presenting written materials.

Was the pace as well as length of time of the interaction appropriate?

Debriefing

- Review with the interpreter content/process issues relevant to the interaction with the family member(s).

Were words, phrases, and comments clear and easy to understand and interpret?

How well did the family member(s) seem to understand the information shared?

Were there any significant underlying concerns, issues, or dynamics that were not directly addressed in the interaction? (This would include the interpreter's perceptions of selected family members and issues that may have been either difficult, uncomfortable, or inappropriate to openly discuss at the time of the interaction.)

What seemed to work well during the interaction?

What was problematic for either the professional/team member of the interpreter?

- When working with a new interpreter, don't prematurely judge their skills and abilities. Allow some time to develop mutual familiarity and trust. Offer constructive feedback as well as acknowledgment and thanks for their services.

- Reiterate the importance of confidentiality with the interpreter when appropriate.

- If you plan to work with the same interpreter again, check on his/her availability in order to schedule subsequent session(s) with the family member(s).

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QUALIFICATIONS OF THE INTERPRETER

1. High degree of oral proficiency in both the language of the family and that of the professional

   -Frequent exposure to both languages to maintain proficiency in each

2. Ability to convey meaning from one language to the other

   -Avoids word-for-word interpreting, but is cognizant of possible omissions, additions, substitutions, and transformations that may distort or inaccurately represent the speaker's intended meaning.
   -Sensitive to the subtleties and nuances of the language; may need to reword/rephrase interpretations for both parties (certain words/phrases may have different meanings for different subgroups that may be acceptable vs. offensive or inappropriate)
   -Avoids use of unnecessary words and excessive professional jargon

3. Sensitivity to speaker's style

   -Tone, infection, body movements
   (sometimes the intonation of the words can totally change their meaning)

4. Ability to adjust to linguistic variations within different communities

   -Understands the varying grammar and syntax (including slang and dialects) of subgroups

5. Familiarity with and respect for the family's national origin, indigenous community, and culture

   -Knows family's nationality and corresponding ethnic group history (including migration experience and local community history and characteristics)
   -Knows specific cultural orientations and traditional views (e.g., toward disabilities, child rearing, health and healing)

6. Familiarity with the culture and language of the professional and the field

   -Knows procedures and practices, relevant policies, and current terminology and subject matter

7. Understands the role and function of the interpreter in the team

   -Accepts and is comfortable with role as a communicator of information
   -Provides accurate interpretations and maintains neutrality (does not offer subjective interpretations, personal opinions, or evaluations of situations unless asked to do so)
   -May also assist professional or team members in identifying possible cultural bias or inappropriateness in various statements, questions, or interventions that are presented as part of the interaction

8. Significant experience (and training) as an interpreter with corresponding professional and personal attributes

   -Ability to remain objective and non-judgmental as well as to maintain confidentiality
   -Demonstrates good listening skills, is respectful, patient, flexible, and appropriately empathetic, but does not get emotionally overinvolved

GUIDELINES FOR WORKING WITH INTERPRETERS

1. Learn proper protocols and forms of address (including a few greetings and social phrases) in the family members' primary language and what name they wish to be called and the correct pronunciation.

2. Introduce yourself and the interpreter, describe your respective roles, and clarify mutual expectations and the purpose of the encounter. Assure the family member(s) of confidentiality and be sensitive to their needs/requests for privacy.

3. Learn basic words and sentences in the family members' language and become familiar with special terminology they may use so you can selectively attend to them during interpreter-family member interchanges.

4. During the interaction, address your remarks and questions directly to the family member(s); look at and listen to the family member as he/she speaks - observe his/her non-verbal communication and be alert to indications of anxiety, confusion, or difficulty in understanding.

5. Avoid body language or gestures that may be offensive or misunderstood as well as side conversations, whispering, and/or writing while the interpreter is interpreting.

6. Use a positive tone of voice and facial expressions that sincerely convey respect and your interest in the family member(s) and address them in a calm, unhurried manner.

7. Speak clearly and somewhat more slowly (but not loudly); allow adequate time for the interpreter to interpret and listen carefully to the family members' response.

8. Limit your remarks and questions to a few sentences between interpretations and avoid giving too much information or long, complex discussions of several topics in a single session.

9. Avoid technical jargon, colloquialisms, idioms, slang, and abstractions.

10. Keep words and phrases as simple as possible, but avoid oversimplification and condensing important explanations.

11. Give information in a clear, logical sequence, emphasize key words or points, and repeat important information; clarify and rephrase information when necessary.

12. Periodically check on the family members' understanding and the accuracy of the translation by asking him/her to repeat instructions or whatever has been communicated in his/her own words, with the interpreter facilitating; but avoid literally asking, "Do you understand?" (among many cultural groups, a "no" response would make all parties lose face and is thus unlikely to be stated).

13. Offer explanations for specific recommendations and summarize the outcome of the meeting, session, or visit.

14. When possible, reinforce verbal information with materials written in the family member's language and with visual aids or behavioral modeling if appropriate (before introducing written materials, tactfully determine the family member's literacy level through the interpreter).

15. Be patient and prepared for the additional time that will inevitable be required for careful interpretations.

Adapted from: Randall, D.E. (1989). *Strategies for Working with Culturally Diverse Communities and Clients*. Washington, D.C.: Association for the Care of Children's Health.

INTERPRETATION/TRANSLATION ERRORS

Despite working with qualified interpreters and following established guidelines, errors of interpretation will still occur. A number of factors may account for such errors:

- The interpreter is not completely familiar with the terminology (including the meaning of some technical terms/phrases/acronyms (e.g., IFSP) or jargon that is unique to the field).

- The interpreter simply misheard or misinterpreted the information being shared due to: the speaker's pace or amount of information given (too fast, too much); focusing on distracting thoughts/behaviors; periodic memory lapse, etc.

- The interpreter may feel that not all words need to be literally interpreted or may elaborate on the original statement to convey intended meaning, but inadvertently commit omissions, additions, and/or transformations.

- The interpreter cannot come up with actual word or phrase equivalent and will substitute an approximation that has a specific meaning to the family but which is different from what either the speaker or interpreter had intended to convey.

- The interpreter may use words/phrases that have a different meaning to the family member(s) because of "slang/lingo" and/or regional/national differences among native speakers. For example, depending upon which country the following Spanish phrases are used in, they may have multiple meanings:

  "Contar sus cuitas" may mean "To tell one's troubles," but "cuitas" may mean "animal excretions" and in slang, "cuitar" is "to quit."

  "No se ha mejorado" or "aliviado" may mean "hasn't gotten better, isn't relieved," but may also mean "hasn't given birth yet."

  "Enfermito/a" may mean sick, diseased, unhealthy but is often used to refer to a disabled child and may also refer to a girl that is on her menstrual cycle.

  "Gatear" may mean "to crawl" or may mean "to rob or steal."

- The interpreter does not use the correct grammatical structure for a particular phrase or statement and thus changes its meaning. This may be due to the fact that the intonation of certain words or phrases can translate differently and thus contribute to errors if the interpreter did not accurately hear the speaker. For example:

  "You should go to the doctor" translates into Spanish as "Deberia ir al doctor"

  "You <u>should</u> go to the doctor" translates into Spanish as "Debe ir al doctor"

Source: Aracelly Valverde, Hope Infant Family Support Program
San Diego, California, (September 1995)

REAL VS. IDEAL CONDITIONS

There are relatively few "qualified" interpreters who are bilingual/multilingual as well as trained/experienced in the field of early intervention/early childhood special education services. Programs and agencies that do not have such staff persons need to consider whether or not:

- The family has someone who they know and trust who can effectively serve as an interpreter.

- The family is involved with another agency that has an appropriate staff person who can serve as an interpreter. This person may already be working directly with the family and possibly available to assist with case management and advocacy on their behalf.

- An identified pool of interpreters or specialized organization, program, or resource is available to serve specific ethnic/language groups and communities.

Availability to such interpreters may depend upon whether they work on a volunteer, agency in-kind, grant/contract-subsidized, or fee-for-service basis. Many programs do not have sufficient resources to pay for a professional interpreter. For each family who requires interpreter services, there thus needs to be an assessment of how much interpreter time as well as how often such services are needed.

Program/agency staff must also reconcile the family's legal/ethical right to be provided with interpreter services with the realities of corresponding program policies, practices, constraints and resources issues such as staff availability, budget allocations, etc.

Source: Aracelly Valverde
Hope Infant Family Support Program
San Diego, California

(September 1995)

Topic: **RECOMMENDED PRACTICES IN EARLY CHILD-HOOD SPECIAL EDUCATION ASSESSMENT**

Time: 30 minutes

Supplies: Handouts ("Proposed Competencies for Early Childhood Special Educators," "Early Intervention Personnel and Program Standards: Assessment), chart pad and stand, felt pens

Objective:

To review best practices in assessment of young children with disabilities and their families and discuss strategies for assuring appropriate assessments for very young children with disabilities from culturally and linguistically diverse backgrounds.

Key Points:

- Assessment of young children with disabilities is qualitatively quite different from assessment of older children. The assessment strategies used must be developmentally and culturally appropriate, individualized to each family.

- There are a variety of guidelines for appropriate assessment of young children. Adapting these guidelines for young children and their families from culturally and linguistically diverse backgrounds requires thoughtful planning and administrative support.

Outline:

This session will be presented using large and small group discussion.

Procedure:

We will be discussing best practices in early childhood special education assessment.

Opener (optional):

This activity leads into the discussion of the definition of assessment.

Give me one word that describes the assessment of young children (birth to five) and their families from diverse cultural and linguistic backgrounds.

Allow participants a short period to think and model by starting the activity if no one responds. Record the responses on chart paper.

Definition of assessment:

Present overhead:

"Assessment is the process of observing and learning about a child's development and behavior using a variety of techniques and sources of information in order to develop plans for providing individualized services for the child and family."

Assessment procedures vary from program to program and agency to agency. In this session, we'll look at the following issues:

- The purpose of assessment and the development of assessment questions.
- The unique aspects of assessing young children and effective assessment strategies for children and their families from diverse cultural and linguistic backgrounds.
- Strategies for gathering and sharing reliable, valid, useful information.

You could divide the room in half and ask half the group to address the first question and the second half of the group to address the second question.

1. What are the purposes of assessment?

Ask participants to brainstorm some of the reasons why we conduct assessments. List group responses on chart or overhead, then incorporate the following key purposes:

- eligibility determination
- planning of intervention strategies
- ongoing observations of child progress
- assessment of family concerns, priorities, and resources
- monitoring child progress and IEP/IFSP/IPP updates
- transition planning

From the family's perspective, what do families want to learn from the assessment process?

2. What are the unique aspects of assessing young children with disabilities and their families?

Open up discussion to participants to generate a list of issues that differentiate ECSE assessment from assessment of older children. Record the responses. Add any additional key points that the group may have missed.

Key points:

- Age/developmental expectations of young children
- Family involvement - in all aspects of assessment
- Measures are different
- Cooperation - young children are less likely to cooperate with strange adults

- Strategies - assessment teams learn about the child's behavior and development through a variety of strategies (family report, observation in different settings, play, family administration of items, etc.)
- Team approach - whether this is multi-, inter-, or transdisciplinary team; assessment activities must be closely coordinated
- Emotional impact on family: this may be the initial identification of disability (which contributes to more emotional stress on the family) and it is an unfamiliar process; so we need to inform families of the process
- Importance of interagency coordination

3. **Think about an experience that you have had with assessment of a young child with a disability and their family from a culture/ language background different from yours.....as part of an assessment team, as a parent, as a teacher referring a child, (or whatever your role/experience might be)**

What were the challenges?	What strategies were used that were effective in making this a positive process?

Discuss in small groups.
Ask each group to share one challenge and one effective strategy.
Record.

4. **Optional activity with additional time or as homework or follow up. Depending on your program and agency, there are a variety of ways to conduct assessments. However, the basic principles (federal mandates) should be in place:**

- Families are informed participants.
- Assessment is conducted using a team process.
- No single measure is used.
- The assessment is conducted in the family's native language.
- The assessment is no-biased/non-discriminatory.
- The assessment is carried out by appropriately qualified personnel.
- The assessment addresses all areas of suspected disability.
- Timelines are met.

How can you implement these principles to effectively and respectively assess young children and their families from diverse cultures and languages? How would you address each of these questions?

- How do you assure that families understand the assessment process, and the "rules of the game" in order to participate as team members and make informed choices?
- How is the team process adapted to include interpreters and families as team members?
- How do you select observations, interviews, and measures that will answer assessment questions that are also appropriate to the child and family's language and culture.
- How do you effectively use interpreters to conduct interviews, observations, and assessments in the family's native language?
- How do you assure that the assessment process is non-discriminatory, non-biased?
- What are the appropriate qualifications of assessment team members when assessing very young children with disabilities and their families from diverse cultural and language backgrounds?
- How do you address all areas of a suspected disability and determine what are the strengths and needs (differentiated from cultural and language differences)?
- How do you meet or adapt timelines for families who may need additional time for the process (for example, to involve extended family or cultural leaders in their decision making process)?

Summary:

Assessment is a process that is used to assist in determining a child and family's need for services. It should be a helpful, supportive service, rather than the stressful, frustrating, confusing process that many families describe. It is the critical step in early intervention services. It must be timely, accurate, use appropriate strategies, assist the family in learning more about their child, and it must be done in a very sensitive way. When young children and their families with cultures and languages different from yours are participating in the assessment process, it is essential to adapt basic principles in order to meet our legal and programmatic responsibilities and support these families in working with the system.

Prepared by: Linda Brekken, Ph.D.
California Institute on Human Services
Sonoma State University

(September, 1998)

Handout for Assessment Activity

What were the challenges?	What strategies were used that were effective in making this a positive process?

Proposed Competencies for Early Childhood Special Educators (1994)

ASSESSMENT

Early childhood special educators must be competent in transdisciplinary team assessment processes and procedures. The transdisciplinary team approach is an accepted best practice and is required by California Education Code, Section 30, Chapters 4.4 and 4.45. A variety of assessment skills are included: observations, interviews, formal and informal strategies and tools to determine the young child's developmental performance, strengths, and needs. In addition to child interaction skills, staff must work closely with family as team members to answer their questions and concerns and involve them as partners in learning about the child. Skills in teaming with the other disciplines involved, the child and family are also essential in order to develop a complete picture of strengths, needs and intervention strategies.

In the transdisciplinary approach, each discipline (e.g., audiology, education, medicine, nursing, nutrition, occupational therapy, physical therapy, psychology, social work, speech pathology) has its own well-developed child assessment strategies and tools, yet there are purposes and components common to all disciplines. These include eligibility determination, planning of intervention strategies, ongoing observations of child progress, and the assessment of family concerns, priorities and resources. The expertise of all appropriate disciplines, including families, must be utilized in a team assessment process.

Assessment Issues

Demonstrates knowledge/understanding of:

1. Various assessment activities in early childhood special education including child find, screening, diagnostic assessment, educational assessment, team assessment and monitoring progress in intervention.

2. Approaches and variables used to interpret developmental progress in young children with disabilities.

3. Limitations to administration and interpretation of assessments as applied to young children with specific disabilities, or cultural or linguistic differences.

Assessment Practices

Demonstrates the ability to:

1. **Use team assessment practices appropriate to the young child (0-5) with special developmental needs and his/her family.**

   - Determine family concerns and questions as a basis for formulating the assessment focus.

- Involve the primary caregivers as team members in the assessment process by using families as informants, observers and assessors of the child's development and behavior and by clarifying the assessment process and negotiating with the family the roles they may play.
- Interpret medical histories and reports concerning young children at-risk or with disabilities.
- Determine the state of the child for assessment purposes (e.g., Is the child sick, frightened, medicated, or in need of more time to "warm-up?").
- Determine optimal use of the physical setting (e.g., Is the child appropriately positioned and comfortable with the primary caregiver nearby?).
- Accommodate to cultural and linguistic differences of the child and family in the assessment process.
- Establish and maintain positive rapport with the young child and his/her caregivers.
- Exhibit professional behavior and attitudes by demonstrating interaction skills developmentally appropriate for the child.
- Observe confidentiality, objective reporting and provide qualitative information without subjective judgments.
- Use the assessment process as an instructional service enabling the family to learn more about their child while addressing their specific concerns.
- Conduct assessment as a member of the transdisciplinary team.

2. **Select and utilize assessment strategies and tools appropriately, as part of a transdisciplinary team.**

- Identify assessment questions to be answered based on the infants and young children or family's priorities, program concerns, and previously identified issues.
- Observe the child and family non-judgmentally.
- Utilize a variety of approaches for observing child/other interactions, including parent/infant and child/child interactions.
- Identify a variety of formal and informal assessment strategies and tools and their purposes.
- Select appropriate strategies and tools for each purpose with other team members, including the family.
- Administer assessment instruments in a manner that ensures reliable and valid results.
- Identify and conduct observation and other informal assessment procedures on multiple occasions and in a variety of settings, as appropriate.
- Utilize a variety of approaches for observing child/environment interactions, including play environments and daily routines.
- Adapt assessment materials for infants and young children with specific disabilities or cultural or linguistic differences.

3. **Accurately and appropriately interpret and report assessment results as a member of a transdisciplinary team.**

- Differentiate between normal and atypical growth and development.
- Differentiate between assessment items and the skills that items represent.
- Recognize limitations of assessment measure (e.g., not scoring an infant who has cerebral palsy low in adaptive areas when he/she cannot grasp or manipulate the toys due to a motor impairment).

- Adapt assessment procedures as necessary to accommodate for specific sensory and motor impairments.
- Report assessment results orally and in writing in language that the family and others can easily understand with emphasis on useful information that addresses family concerns.
- Include family members in the discussion and interpretation of the assessment and in decision making for the child and family goals.
- Indicate and inform families of follow-up activities, including needed additional consultation and assessments.

4. **Interpret and link assessment results with needed services based on infant/ toddler/ preschooler needs and family concerns, priorities and perspectives.**

- Integrate assessment results with information from other agencies and/or personnel having contact with the family.
- Develop an IEP/IFSP based on assessment results and family concerns, priorities and resources.
- Use assessment results to formulate goals and objectives and instructional strategies.
- Summarizes and integrate assessment information into implications and recommendations for content and process of intervention.

5. **Use a variety of assessment strategies to monitor child and family progress on an ongoing basis.**

- Observe the young child's developmental progress.
- Assess impact of intervention on family and family satisfaction.

Assessment of Young Children with Disabilities Comparison of Systems

	Special Education	Regional Center	Head Start
Purpose	• Determine eligibility • Plan individualized program (IFSP or IEP) • Monitor progress • Review IFSP every 6 months or IEP annually • Transition planning	• Determine eligibility • Plan individualized program (IFSP or IPP) • Monitor progress • Review IFSP every 6 months or IPP every 3 years • Transition planning	• Determine eligibility • Plan individualized program (IEP) • Monitor progress (ongoing assessment) • Review IEP annually • Transition planning
Child Find	Mandated (Search and Serve) Referrals to the Part C Early Intervention System must be made no more than two working days after a child has been identified.	Mandated Referrals to the Part C Early Intervention System must be made no more than two working days after a child has been identified.	Mandated In coordination with other agencies, Head Start must conduct a health and developmental screening on all enrolled children within 45 days of enrollment. Screening results are used for referral.
Referral	Oral or written referral starts the Part C timeline. Parents, professionals from other systems (doctor, social worker, RC), or teachers can start the referral process. Children shall be referred only after the resources of the regular education program have been utilized and considered.	Oral or written referral starts the Part C timeline. Part C requires that the referral is acted upon as soon as possible.	Head Start programs must refer children suspected of having a disability to the LEA for assessment.

	Special Education	Regional Center	Head Start
Assessment	For Part C, assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under Part C to identify the child's unique strengths and needs and the services appropriate to meet those needs and the resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability. LEAs are responsible for implementing the assessment plan. The assessment must use a transdisciplinary approach (EC 56441.6 and 56426.6). The assessment shall be administered in the child's primary language unless it is clearly not feasible to do so. LEA staff must inform families of the assessment results. EC 56321 (a).	For Part C, assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under Part C to identify the child's unique strengths and needs and the services appropriate to meet those needs and the resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.	Ongoing developmental assessment is carried out by Head Start teaching staff and involves continuous observation, data collection, and implementation of individual child plans to determine each child's strengths and needs.

	Special Education	Regional Center	Head Start
Evaluation	For Part C, evaluation means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility for Part C, based on the federal and state eligibility criteria for infants and toddlers with disabilities, including determining the status of the child in each of the developmental areas: cognitive, physical (including vision and hearing), communication, social and emotional, and adaptive. Evaluation and assessment must be based on informed clinical opinion, and include a review of relevant records related to the child's current health status and medical history.	(Same as Special Education)	The diagnostic evaluation is carried out on children identified through screening. This evaluation determines whether or not a child has a disability and whether the child needs special education and related services.
Family Assessment	Under Part C a family-directed assessment of the resources, priorities and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability must be conducted with family consent. The family assessment is voluntary and must be conducted by appropriately trained personnel using family interview techniques. For preschool special education, families are included as part of the transdisciplinary assessment team.	Under Part C a family-directed assessment of the resources, priorities and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability must be conducted with family consent. The family assessment is voluntary and must be conducted by appropriately trained personnel using family interview techniques.	Head Start conducts a family assessment to determine the needs for family support and information about their child's development.

	Special Education	Regional Center	Head Start
Required Components	Assessment and evaluation: • can only be conducted after the family has given their informed consent • must be conducted in the family's native language • must be non-discriminatory • must be carried out by qualified, appropriately trained personnel • must address all areas of suspected disability • must be carried out by a transdisciplinary team	Assessment and evaluation • can only be conducted after the family has given their informed consent • must be conducted in the family's native language • must be non-discriminatory • must be carried out by qualified, appropriately trained personnel • must be carried out by individuals who are culturally competent • must address all areas of suspected disability • must be carried out by a multidisciplinary team	Assessment and evaluation • can only be conducted after the family has given their informed consent • must be conducted in the family's native language • must be non-discriminatory • must be carried out by qualified, appropriately trained personnel • must address all areas of suspected disability • must be carried out by a multidisciplinary team
Timelines	45 days to complete the IFSP 50 days to complete an IEP	45 days to complete the IFSP 90-120 days to complete the IPP	45 days to complete the screening. 30 days to complete the IEP once it is determined that the child needs further evaluation.
Other	Eligibility for Part C services is established in federal regulations (20 U.S.C. 1472(1) Section 303.16), state legislation (California Health and Welfare Title 17, Chapter 2) and Ed Code. Eligibility criteria are different for infants and toddlers (CA Ed Code, Title 5 Sec 3031) than for preschoolers (CA Ed Code, Title 5 Sec 3030).	Eligibility for Part C services is established in federal regulations (20 U.S.C. 1471(1) Section 303.16) and state legislation (California Health and Welfare Title 17, Chapter 2) This differs from general regional center eligibility criteria.	Eligibility criteria for Head Start is found in 45 CFR 1308.7-1308.17. They are parallel to the federal definitions of disability in IDEA.

Prepared by: Linda Brekken, Ph.D.
California Institute on Human Services
Sonoma State University

(March, 1996)

Assessment of Young Children with Disabilities
Comparison of Systems Requirements

	Special Education	Regional Center	Head Start
Purpose			
Child Find			
Referal			
Assessment			

	Special Education	Regional Center	Head Start
Evaluation			
Family Assessment			
Required Components			
Timelines			
Other			

Topic: **LEGAL REQUIREMENTS FOR DEVELOPING THE IFSP/IEP**

Time: 30 minutes

Supplies: Handouts ("IFSP/IEP," "Assessment Word Search"), chart pads and stands, felt pens

Objective: To increase participants' knowledge of the IFSP/IEP process and strategies for promoting family participation.

Key Points:

- The Individualized Family Services Plan (IFSP) and the Individualized Education Program (IEP) are each both a process and a document that identify needed intervention services and require informed written consent from parents or guardians before implementation.

- There are two main differences between the IFSP and IEP:

  (1) The IFSP requires a family-directed assessment of family resources, priorities, concerns, and identification of services needed to support the family's ability to meet their child's developmental needs.

  (2) The IFSP recognizes that a single agency or discipline cannot meet the complex needs of infants and toddlers with disabilities and their families, and therefore requires collaboration involving the family, relevant disciplines, and appropriate agencies as facilitated by a service coordinator.

Outline:

Two large group activities will be conducted. The first will enable participants to identify the similarities/differences between the IFSP and IEP. The second activity will focus on barriers to participation in the IFSP/IEP process by culturally and linguistically diverse families. An optional exercise ("Assessment Word Search") can be incorporated at the beginning of the second activity.

Procedure:

Following a brief introduction to this topic, the first large group activity is initiated.

Activity 1:

1. Distribute the handout on "The IFSP/IEP."

2. Prepare chart headings: SAME DIFFERENT.

3. Ask participants to identify similarities and differences in the legal requirements between the IFSP and the IEP.

4. Chart these under the appropriate headings.

5. Summarize the similarities and differences based on the intent of the law.

Activity 2:

[Option: Before initiating Activity 2, distribute the handout, "Assessment Word Search" (folded in half) and ask participants to circle as many disability-related acronyms as they can find. Once completed, they can unfold the sheet and determine how many of those listed they were able to circle. The brief discussion that follows should highlight how extensive, yet bewildering and often alienating the jargon and bureaucracy in our field can be to families entering the system.]

1. Ask participants to identify barriers to participation of families from culturally and linguistically diverse backgrounds in the IFSP/IEP process.

2. Brainstorm strategies to overcome these obstacles.

3. Summarize "effective practices" for collaborating with parents in the IFSP/IEP process.

Potential Barriers:

-Family is non-English speaking.
-IFSP/IEPs are written in English.
-Family is new to or unfamiliar with the service system.
-Structure of meetings is very formal and intimidating for families.
-Parents cannot attend meetings because of child care needs, work responsibilities or lack of transportation.
-Related service providers and representatives from other agencies cannot attend scheduled meetings.

Effective Practices:

-Provide family with a bicultural/bilingual interpreter experienced in the IFSP/IEP process.
-Translate the information on legal rights into the family's language.
-Provide the family with understandable information on the service system and their legal rights.
-Gather information regarding the family's priorities before the meeting and discuss possible goals, objectives or outcomes.
-Translate the IFSP/IEP document into the family's language.
-Identify and implement ways to make meetings "family-friendly."
-Schedule meetings at convenient times for the family, provide child care and transportation, or meet at a location convenient for the family.
-Develop a philosophy of collaboration with other professionals and agencies to make participation a priority.
-Provide time for team collaboration in preparation for the IFSP/IEP.

THE IFSP/IEP

Individualized Family Services Plan

(for infants and toddlers birth through three years and their families)

According to P.L. 99-457, the IFSP must include statements regarding:

1. The infant's or toddler's present levels of development in physical (including vision, hearing and health status), cognitive, communication, social or emotional, and adaptive (self-help) areas.
2. The family's resources, priorities, and concerns related to promoting their child's development.
3. The main outcomes anticipated for child and family.
4. Particular early intervention services that are essential for meeting child and family needs.
5. The natural environments (typical settings for nondisabled peers) in which early intervention services will be provided.
6. The dates when services will begin and how long they will be provided.
7. The service coordinator from the discipline most pertinent to child or family needs or who is qualified to implement and coordinate the IFSP.
8. If appropriate, transition steps to special education preschool services.

Individualized Educational Program

(for students with disabilities ages three years through 18 or 22 years)

According to P.L. 94-142 (Federal Register, 1977), the IEP must include the following statements:

1. The child's present levels of educational performance including academic achievement, social adaptation, prevocational and vocational skills, psychomotor skills, and self-help skills.
2. Annual goals describing the educational performance to be achieved.
3. Short-term instructional objectives in measurable steps between present level and annual goals.
4. Specific educational services needed including all special education and related services needed to meet the unique needs (including physical education and any special instructional media and materials).
5. Needed transition services for students beginning no later than age 16 (may begin at age 14 or younger), including appropriate interagency responsibilities or linkages before the student leaves school (P.L. 101-476, Sec. 602(a)(20)).
6. Date when services will begin and duration of services.
7. Description of extent child will participate in regular education programs.
8. A justification for type of educational placement the child will have.
9. List of individuals responsible for implementing the IEP.
10. Objective criteria, evaluation procedures, and schedules for evaluating the achievement of short-term objectives at least annually.

Prepared by: Deborah Chen, Ph.D. (March, 1996)
Department of Special Education
California State University, Northridge

ASSESSMENT WORD SEARCH
(CALIFORNIA ACRONYMS)

											E	D	D		
	M	I	F	S	P						C	C	S		
	O	I	D	E	A		I				A	F			S
L	R	E	G	L	F	R	C	C	D	F	C	S	D		E
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FRC	Family Resource Center
SEPTA	Special Education Parent/Teacher/Association
DCFS	Department of Children and Family Services
DDS	Department of Developmental Services
SDE	State Department of Education
LEA	Local Educational Agency
SELPA	Special Education Local Planning Area
IFSP	Individual Family Service Plan
IEP	Individual Educational Plan
IPP	Individual Program Plan
IDEA	Individuals With Disabilities Education Act
EHA	Education for all Handicapped Children Act
CCS	California Children's Services
OAH	Office of Administrative Hearings
CAC	Community Advisory Committee
DIS	Designated Instruction & Services
RISE	Resources in Special Education
NPA	Non Public Agency
NPS	Non Public Services
ICC	Interagency Coordinating Council
LRE	Least Restrictive Environment

Directions: Fold at line and give to participants. Ask them to identify as many acronyms as they can that are related to special education.

Source: Tammy Jackson

Topic: FAMILY-FOCUSED ASSESSMENT PROCEDURES

Time: 1 hour

Supplies: Handouts ("Family-Focused Assessment Procedures," Vignettes on "Assessment"), overhead ("Family-Focused Assessment Procedures")

Objective:

To provide information on family-focused, culturally competent, non-biased assessment practices.

Key Points:

- Even when meeting the letter of the law, the spirit of nondiscriminatory assessment and evaluation is often violated.
- Programs need to develop a family-friendly approach to assessment that supplements assessment procedures and practices and enhances the relationship with the family, while also meeting the legal requirements of IEPs/IFSPs.
- Families may not share the same attitudes about the importance of assessment and/or evaluation.
- Families may not share the same understandings about the purpose and meaning of assessment and/or evaluation.
- Even when procedures are not discriminatory in the technical or psychometric sense, they may not be accurate reflections of the child or family because of cultural, ethnic, or language differences.
- Assessment policies, procedures, and practices should be reviewed to ensure that they are nondiscriminatory and culturally competent.

Outline:

A short presentation on family-focused assessment procedures is followed by a small group exercise that allows participants to identify assessment considerations and suggest strategies for making the practices more responsive to children and families from diverse cultures.

Procedure:

1. Introduce the topic by stating the Key Points.
2. Indicate that assessment processes and procedures can be more culturally responsive if specific steps and strategies are used. Display the overhead titled "Family-Focused

Assessment Procedures" and distribute the handout (same title) that provides specific strategies corresponding to each major phase of the process.

3. Present the information contained in the handout and conclude by noting that the various strategies that were identified can be used in working on the following vignette exercise.

4. Divide the large group into 4 small groups. Each group is given copies of a different vignette and asked to read then discuss the corresponding situation and relevant cross-cultural issues that need to be considered. Allow about 15 minutes for the small group discussions. Each group should record their responses and designate a reporter to share highlights of their discussion with the larger group.

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FAMILY-FOCUSED ASSESSMENT PROCEDURES

- **Planning the Assessment**

  Working with the Family

  Selecting Strategies & Instruments

- **Conducting the Assessment**

  Supporting Communication & Understanding

  Creating a Non-Threatening Environment

- **Interpreting and Presenting Assessment Findings**

  Ensuring that Results Account for Cultural and Language Differences

  Sharing Information Clearly and Caringly

- **Family-Professional Decision Making**

  Determining What Families Want and What You Can Provide

FAMILY-FOCUSED ASSESSMENT PROCEDURES

I. PLANNING THE ASSESSMENT

Working with the Family

Families may view professionals as experts and be reluctant to share their expertise or directly participate in the assessment/evaluation process. To encourage family involvement in planning the assessment:

- Ensure that a qualified interpreter is there and has an opportunity to talk with the family before the meeting starts. The interpreter should be someone with whom the family can feel comfortable.

- The interpreter should be able to serve as a bilingual/bicultural mediator to gather information about the family's strengths, concerns, priorities, and resources.

Selecting Strategies & Instruments

- Obtain information about what the developmental and social expectations of the child are in the family's culture, and incorporate this information when determining developmental status.

- Use observation, play, and interviews with family members as alternatives to criterion and norm-referenced instruments.

- Consider what the child has been exposed to in the way of play materials and use them as well as less familiar objects.

- Be sensitive to cultural or religious taboos during an assessment.

- Work through a cultural mediator to determine when the assessment should occur. Some families may have more favorable times that are determined by various culturally prescribed circumstances/events.

- If a specific assessment instrument is being used, is it available in the family's preferred language? If yes, are there norms available or has it just been translated? If yes, is there a trained assessor who can administer it?

II. CONDUCTING THE ASSESSMENT

Supporting Communication & Understanding

- Explain everything that you are doing and why you are doing it in interactions with the child and family.
- Ask for the parents' and family members' perspectives on the child's performance.

Creating a Non-Threatening Environment

- Initiate prior contact to provide opportunities to get acquainted with child and family.
- Conduct the assessment in a familiar setting that the family prefers. If in the child's home, respond to their cultural milieu. If at your site, make it a welcoming environment.
- Send message of respect, support, belief in family expertise, and your own expertise.
- Know enough about the culture to understand that some families may need different types of warm-up (getting down to business vs. social contact).
- Share information right after the assessment to help allay fears. Allow time for questions and discussions. Be sure that next steps are clear and, if possible, in writing.

III. INTERPRETING AND PRESENTING ASSESSMENT FINDINGS

Ensuring that Results Account for Cultural and Language Differences

- Know what the cultural expectations are and don't assume that a child who hasn't had experience with something will always be deficient in it.
- Recognize that milestones aren't necessarily universal or equally valued.

Sharing Information Clearly and Caringly

- Use the family's language.
- Allow enough time for effective interpretation to take place.
- Make sure that discussion is jargon-free, regardless of language used.
- Present both strengths and needs.
- Check for understanding.

IV. FAMILY-PROFESSIONAL DECISION MAKING

Determining What Families Want and What You Can Provide

- Be aware of culture-specific information that may help you determine who the decision-makers are.
- Listen to what family members say and what they don't say.
- Be aware of your own cultural values while respecting the family's traditions and beliefs.

Prepared by: Eleanor Lynch, Ph.D.
Department of Special Education
San Diego State University

(March, 1996)

VIGNETTE #1 - Assessment

Situation

Anissa's family has just moved to the United States from Mexico City. Anissa has a rare syndrome that interferes with her physical and cognitive development. One of the family's reasons for moving was to ensure that Anissa would have the care and education that she needs. As you plan Anissa's assessment with her parents, you notice that they aren't saying much or making suggestions about what they would like included in the assessment. In fact, they seem to be deferring to you.

(Source: Eleanor Lynch)

Question:

What are some of the cross-cultural issues to consider in this situation?

VIGNETTE #2 - Assessment

Situation

A large group of families who are refugees from Somalia have just moved into your community, and several have infants and toddlers with disabilities. The interagency assessment team is trying to decide upon some strategies for conducting assessments. One of the proposals is to use the *Tinytots Adaptive Behavior Scale* which relies on observation and parent interviews of developmental status related to feeding, bathing, self-comforting, language, movement, turn-taking, and so forth. Another member of the assessment team has suggested that it might be helpful to show the toddlers pictures of common objects and actions like those in the *Peabody Picture Vocabulary Test* to see how many the children can name. Another team member has suggested that they give the children common toys such as a busy box, doll, and squeaky toy and observe the children's level of play.

(Source: Eleanor Lynch)

Question:

What are some of the cross-cultural issues to consider in this situation?

VIGNETTE #3 - Assessment

Situation

The interpreter called in sick, but if the assessment for the Chang family's daughter (Li Rong) isn't done today, it will take several weeks to re-schedule. The Changs are college educated parents from Taiwan who understand some English. The team decides to go ahead with the assessment.

(Source: Eleanor Lynch)

Question:

What are some of the cross-cultural issues to consider in this situation?

VIGNETTE #4 - Assessment

Situation

The Smith family is American Indian, and their son Dennis has Down syndrome. When you met with his mother and father to discuss the assessment findings and develop an IFSP, they were quiet but seemed to be in agreement with suggestions made by other members of the team. However, it's been 2 weeks since they were to bring him to the toddler center, and you still haven't seen them. When his home teacher went to make the first visit, no one came to the door.

(Source: Eleanor Lynch)

Question:

What are some of the cross-cultural issues to consider in this situation?

Topic: INTERVENTION PRACTICES: DEVELOPMENTALLY APPROPRIATE AND CULTURALLY RESPONSIVE

Time: 1 hour

Supplies: Handouts ("Developmentally Appropriate on the Planet Plusater," Vignettes on "Intervention Practices"), overhead ("Child Rearing on the Planet Plusater"), chart pads and stands, felt pens

Objective:

To reflect upon the concept of developmentally appropriate practice in the context of cultural diversity.

Key Points:

- Developmentally appropriate practice is one of the buzzwords in programs for young children with and without disabilities.
- Developmentally appropriate is usually defined by the child's chronological age and societal expectations for the child. Societal expectations have typically been defined by mainstream U.S. values.
- What constitutes developmentally appropriate is not universal.

Outline:

A short presentation on developmentally appropriate practice is followed by a large-group activity (either Option A or Option B) or a small group activity (Option C) that challenges participants to determine what is and is not developmentally appropriate.

Procedure:

1. Introduce the activity by stating the Key Points
2. Present the following information:

(1) What Developmentally Appropriate Practice Is and Is Not

a. Developmentally appropriate suggests that the intervention or curriculum for young children should be appropriate to their level of development.

b. For many years, professionals in special education considered developmental level to be synonymous with mental age.

c. Because of the failure of a developmental approach in the education of students with severe disabilities, the notion of developmental was questioned in special education. In severe disabilities, developmental levels were disassociated from mental age and made synonymous with chronological age. A functional curriculum replaced the developmental curriculum.

d. For infants and toddlers, developmental and functional are usually the same because all of the basic developmental skills that young children must master are also extremely functional.

e. There has been a lot of dialogue among and between early childhood and early childhood special education professionals about the appropriateness of developmentally appropriate practice for young children with disabilities.

(2) Developmentally Appropriate in the Context of Culture

a. One aspect of the debate that has been neglected is the notion of developmentally appropriate in relation to cultural norms.

b. Developmentally appropriate has been based upon developmental milestones that are derived from typically developing Euro-American children.

c. The question then becomes, is developmentally appropriate the same for all cultural, ethnic, and/or language groups?

d. To determine what is developmentally appropriate, it is essential to know about the culture and the specific family.

Group Activities

Following the presentation on developmentally appropriate practice and its relationship to culture, select one of three different Options (A, B, or C).

Option A:

The following exercise is designed to examine how "developmentally appropriate" practice may be different from people who share a culture that we are not familiar with.

The participants are first asked to read a short scenario about people on the "Planet Plusater." Display the overhead, "Childrearing on the Planet Plusater." Allow 2 to 3 minutes for each person to read the scenario to themselves. Then distribute the handout titled, "Developmentally Appropriate on the Planet Plusater." In the large group, read through each of the items, and ask the participants to decide what would be

developmentally appropriate on Plusater and what would not be. Keep the scenario on the overhead projector for reference.

Summarize the activity by re-stating that developmentally appropriate is not universal. Instead, it must be determined within the context of culture and family preferences.

Option B:

Distribute Vignette #1 ("Intervention Practices"). Allow 2 to 3 minutes for each person to privately read the vignette to themselves. Then have the participants turn the sheet over and indicate on the chart which behavioral objectives they would consider to be developmentally appropriate - from the standpoint of a provider and that of a parent. In the large group, read through the various items on the behavioral objective column, and ask selected participants to note what they recorded. The discussion that follows should serve to reinforce the principle that what can be expected or considered developmentally appropriate can vary considerably between a provider and a given family. Re-emphasize the importance of cultural context and family preferences.

Option C:

Divide the large group into 3-4 small groups. Each group will be given copies of one of two vignettes (#2 or #3) (same groups will have the same vignette). Ask each group to read then discuss the corresponding situation and set of questions for a period of 20 minutes. A facilitator, recorder, and reporter need to be identified for each group: the facilitator will open the discussion and ensure that all members of the group have an opportunity to contribute; the recorder will make notes of key ideas, then write selected strategies, questions, and concerns on the large chart paper; the reporter will finally share the key discussion points with the larger group.

When the large group reconvenes, the reporter for each group identifies which of the two vignettes they reviewed, then presents key strategies, considerations, and concerns that their small group generated. Participants from the other groups with the same vignette are then invited to add anything else they feel should be considered.

The large group presentations conclude with the instructor summarizing the main ideas, principles, and issues that seem to be generalizable with regard to:

-Strategies for gathering information about the family's values/beliefs and perceptions of the child's condition and needs.

-Ways to balance the family characteristics with the professional's concerns about the child's condition/needs.

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Prepared by: Eleanor Lynch, Ph.D.
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(March 1996)

Childrearing on the Planet Plusater

Infants, toddlers, and preschoolers on Plusater are treasured by their families. They sleep in the parents' bed and are not allowed to be on the floor or ground until after their first birthday. They are carried in cloth pouches or in the arms of adults or older children.

Plusater is a warm planet, and children are seldom dressed until they reach 4 or 5 years of age. There are no diapers. Infants are simply held away from the adult when they urinate or defecate, and the adult cleans him or herself and the baby after the event. Adults learn the toileting rhythms of toddlers and preschoolers and take them to the communal bath when it is time for them to go.

There are no bottles or formula on the planet, and children are breastfed until they choose to use a cup. Eating is an important community ritual, and many of the ceremonies that are important to the Plusaterns take place at meal-time. As a result, they want children to be well-mannered, quiet, and neat when they are at the table.

Plusaterns are a very peaceful people, and they encourage cooperation. Expressing anger or frustration is not sanctioned in the society. Showing off is also not tolerated. Any child who puts him/herself first or competes for attention, food, or toys is told the story of the "ME FIRST BOY & GIRL." They were children lost in space because they tried to be the first to fly a new shuttle craft that could only be piloted by <u>three</u> people who were cooperatively manipulating the controls.

Source: Eleanor Lynch
(March, 1996)

DEVELOPMENTALLY APPROPRIATE ON THE PLANET PLUSATER

Objective or Activity	Appropriate	Not Appropriate
1. Child amuses self by playing with toys in crib		
2. Child pulls to standing from a sitting position on the floor		
3. Child molds to or holds onto adult when carried		
4. Child cooperates when being dressed		
5. Child indicates when diaper is wet or soiled		
6. Child shows shyness around private activities such as toileting and bathing		
7. Child pulls on shirt and pants		
8. Child indicates hunger by going to mother to breastfeed		
9. Child eats with fingers with considerable spilling		
10. Child increases verbal repertoire by talking during snack		
11. Child expresses autonomy by saying "no" or refusing to participate		
12. Child shares toys with adults and other children		

Source: Eleanor Lynch
(March, 1996)

VIGNETTE #1 - Intervention Practices

Situation:

Faye is an eighteen month old child who has a rare chromosomal disorder and frequent illnesses. She can sit independently for long periods and is able to assume a kneeling position, but does not pull to stand. When positioned, Faye can bear weight on her feet for only a few seconds; so she scoots on her behind to go from place to place. She finger feeds and can hold her bottle and drink. Her vocal utterances are vowel sounds. However, vocalizations are seldom heard. She engages others using physical gestures and facial expressions.

The family moved to California from the South, and had a deeply religious belief system. Children were highly valued, and children with disabilities were viewed as special gifts from God. Talismans were used to ward off illnesses. The objects were usually tied securely on the wrist or ankle of the child. The family would only seek professional help in extreme need.

Family members seldom associated with others who were not part of the extended family. If a parent could not directly attend to their child, an adult relative could assume the parental role and reprimand a child when needed. For the parent, having their child accepted into the family circle was very important. The parents stressed that the children learn "manners." Politeness and being quiet in the presence of another adult were enforced. Children were not permitted to question the adult. Fussiness and disobedience from the children were not tolerated at any time.

Adults rarely played with the children who were instead encouraged to play together. Children were grouped and sat on the floor to eat their meals. The eldest child was expected to help the younger one(s). Some skills were not introduced to the child until the child gave a "sign" that he or she was ready. For example: the cup was not introduced until the child began to show disinterest in the bottle; toilet training began when the child was able to say potty and walk to the toilet. Early independence, however, was important. Parents were thus mindful of any indication the child was ready to move on developmentally.

(Source: Sonia Ricks & Alfreda Turner)

WHAT IS DEVELOPMENTALLY APPROPRIATE FOR FAYE?

Behavioral Objective	Provider Expectation	Parent Expectation
Lifts cup and drinks - bottle disregarded		
Finger feeds dry cereal, bits of meat and vegetables		
Asks for objects by pointing and vocalizations		
Looks at picture book and turns pages		
Creeps on hands and knees		
Responds to verbal request		
Socializes with strangers/anyone		
Demands social attention		
Expresses likes and dislikes		
Balances independent behavior with necessary dependence on adult		

Source: HELP, ELAP, Early Coping Inventory (categories: social/emotional, self help, cognitive)

VIGNETTE #2 - Intervention Practices

Situation

Laura is a two-year old child whose parents are monolingual Spanish-speaking from El Salvador. The family has very traditional values and beliefs, is structured hierarchically with father as head of household and final decision-maker. Mother is the primary caregiver. Laura is an only child. Her mother has had several miscarriages. Both parents see Laura as a treasure and a "gift from God" and treat her with great indulgence. One of their primary goals is to keep Laura from crying. They will thus consistently hold her, try to anticipate her every need, minimize stressful situations, and do whatever they can to avoid upsetting her.

Laura has a complicated medical history involving many hospitalizations and surgical interventions. She was diagnosed with bilateral retinoblastoma (a malignant tumor of the retina) and both eyes have been removed. Father believes that the surgeries have been traumatic for Laura and that his little girl has "suffered too much already." Prosthetic eyes have been recommended primarily for cosmetic purposes, although lack of use can lead to facial anomalies over time. The parents indicate that Laura cries uncontrollably when they try to put the prostheses in place, and ultimately everyone is brought to tears. Father has made the decision that the prosthesis will not be used.

The parents indicate that they want Laura to become as competent as possible so that she may "blend into the normal world." They share with you that Laura's pediatrician is concerned about their refusal to use the prostheses and has stated that, in the long run, resultant facial anomalies will affect Laura's self-image and how others perceive her. Her mother asks you to tell them if they are doing the right thing. Her father reiterates his adamant position not to use the prosthesis.

(Source: Fernanda Armenta-Schmitt)

Questions:

1. What specific "cultural factors" may be influencing the parent's perceptions of the child and ways of coping with her disability?

2. As an early interventionist, what would you do?

VIGNETTE #3 - Intervention Practices

Situation

Magda is a single mother of twins. She is from an Indian tribe in rural Mexico and was raised living off the land. She believes that the spiritual nature of an individual has as much to contribute to overall functioning as do the mind and body and is a firm believer in supernatural forces. Magda reports that she was initially told she could not carry a baby to term. However, as she was being told this information, she recalls hearing a baby's cry and interpreted this as a sign that she would indeed have a baby. She states that her spiritual faith has always guided and helped her.

When Magda's twins were born, they were very premature. The doctor told her she should visit them frequently in the NICU because they would most likely not survive for more than 10 days. Again, Magda recalls hearing the distant cries of a baby during this conversation and interpreted this as a sign that her children would survive. Based on these previous omens, Magda relates that she is sure her children will inherit the ability to foretell events and interpret significant signs. The 18-month-old twins require oxygen and tube feedings. They have seizures and motor and cognitive delays. The family has just enrolled in an early intervention program. Magda states she would like to participate in a parent group because she would like to help other parents deal with any "negative" feelings they may be wrestling with while dealing with their child's diagnosis. She states that she is very proud for having brought her children through difficult times, even when the odds were against them. She feels she has been assisted by God and her own instinct as well as suggestions and interventions initiated by medical practitioners.

During your interaction with the family, you hear about and observe several "habits" the family has adopted that may be contraindicated if not detrimental to the children's overall development. Some of these include filling syringes with pureed food and injecting them into the children's throats because they seem to swallow and keep the food down (this is Magda's way of beginning to wean the children from tube feedings) and varying the dose of the children's medication. You also notice that Magda has initiated some excellent interventions that are very beneficial for the children, including movement exercises and games that stimulate growth and development.

(Source: Fernanda Armenta-Schmitt)

Questions:

1. What specific "cultural factors may be influencing the parents' perceptions of the child and ways of coping with her disability?

2. As an early interventionist, what would you do?

VIGNETTE #4 - Intervention Practices

Situation

A family from the rural section of Louisiana has recently been referred to your program by another community program providing services for their oldest preschooler. The father is Jamaican and speaks English with a Patois dialect. His wife Mary Sue has lived all of her life in the South. Mary Sue has a very heavy Southern accent and often exhibits difficulties with understanding simple instructions due to her moderate level of mental retardation. The family has four little girls under the age of five. Their two year old usually points and gestures to indicate her wants and needs. They also have a set of twin girls who were born at 29 weeks gestation. They were transitioned from the local hospital several weeks ago with the youngest twin on oxygen. During your first encounters with this family, you discovered a significant gap between the father's rapid rate of speech and the mother's exceptionally slow rate of speech. You also noticed that the father did most of the communicating, and the mother seemed to avert her eyes from the speakers. When asked what her concerns were, she responded "I don't want my babies to die like my last one." The father explained that several years ago, their infant had become ill and received an overdose of cough syrup. He explains that he loves his wife "but sometimes she just doesn't understand."

(Source: Lavada Minor)

Questions:

1. How do you proceed in a manner that allows each family member to feel respected, builds rapport, and allows for a clear understanding of what is being discussed?

2. How would you know that your communication was being understood by parents?

3. What types of things should you keep in mind for future meetings with the family?

Topic: **COMMUNICATION AND LANGUAGE ACQUISITION**

Time: 1 hour

Supplies: Handouts ("Language Acquisition" or Vignette), Project CRAFT video, Ten Keys video, chart pads and stands, felt pens

Objective: To increase participant knowledge of language intervention practices in relation to culturally and linguistically different children with disabilities and their families.

Key Points:

- Language is more than an abstract set of symbols. It provides a sense of identity and heritage and has a complex relationship with culture.
- Using a family's home language communicates respect for and acceptance of the family's culture; supports parents in their caregiving role; supports family-child interactions; facilitates communication among program staff, family members, and the child; provides familiarity for the child and family in an unfamiliar setting; recognizes and adapts to the child's existing communication repertoire.

Outline:

The format for presenting this information includes a short presentation, viewing video segments, using discussion questions, drawing from participant experiences, and identifying key points and strategies.

Procedure:

1. Introduce the topic of second language acquisition by presenting the Key Points and summarizing the following research findings:
    - Preschoolers attending English-immersion programs may lose their ability to communicate with their monolingual parents.
    - A well developed first language is essential to helping a child learn English and succeed academically.
    - Children take one to three years to acquire basic interpersonal communication skills (BICS) in a second language.
    - Children take five to seven years to acquire cognitive academic learning proficiency (CALP) in a second language.

- Children learn a second language best within a functional and meaningful context.
- Learning a language requires exposure to comprehensible input.
- Affective factors can increase or decrease the degree and rate of language learning.
- Children with developmental delays can learn two languages within the range of their cognitive and language learning abilities.

2. View the Ten Keys video segment: Key #4 - *Use the home language* (2 mins.). Ask for participant reactions and questions.

3. Distribute handout ("Language Acquisition") with discussion questions and review them. Note that the participants will be responding to these questions after viewing the following video segment.

4. Introduce the Project CRAFT video segment on "Communication and Language Acquisition" (running time: 7 minutes). Highlights of the segment:

   A speech and language therapist stresses the need for a child to learn a first language and research that demonstrates the ability of young children to handle two languages.

   Program staff identify ways of supporting a child's development of a second language in a center-based setting.

   Two different Spanish-speaking families discuss their decision to speak Spanish or English with their young children with Down syndrome.

   In the first family, the mother is monolingual and the father is bilingual. They speak Spanish at home and want their preschooler with Down syndrome to speak English at school.

   The second family speaks English to their toddler with Down syndrome and Spanish among themselves. This mother wants her toddler to learn English before she goes to school.

   The video segment ends with the speech and language therapist emphasizing the importance of understanding a family's communication strategies with children.

5. Show the video segment.

6. Provide 5 minutes for participants to write their observations and ideas on the handout, "Language Acquisition."

7. Prepare one chart for listing STRATEGIES and another for OTHER QUESTIONS OR CONCERNS.

8. Facilitate discussion of observations and suggestions.

9. List key strategies for encouraging language acquisition shared by participants (note those listed in this section).

10. List questions and concerns identified by participants.

11. Facilitate problem-solving. If identified by participants as an area of need, discuss "strategies for encouraging communication with nonverbal young children with severe and multiple disabilities" (note those listed in this section).

12. End activity by summarizing Key Points.

Specific Strategies for Encouraging Language Acquisition in Young Children with Special Needs:

1. Separate languages by activity, time period, or person rather than mixing the languages.

2. Present new information within the context of familiar activities or information.

3. Use language that is appropriate to and supported by the activity.

4. Use simple syntax, repetition of patterns, and paraphrasing.

5. Ask a variety of questions to encourage participation of children at different levels.

6. Use hands-on activities and interactional routines.

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Prepared by: Deborah Chen, Ph.D.
CSU, Northridge
March 1996

Language Acquisition

Discussion Questions:

1. **What does each family on the tape believe about their child's language development?**

2. **What strategies are identified as helpful by professionals on the tape?**

3. **How do you encourage language acquisition in infants and preschoolers with special needs?**

4. **Other questions or concerns?**

Topic: **COMMUNICATION AND LANGUAGE ACQUISITION**

Activity: **Optional Exercise** (Vignette)

Time: 1 hour

Supplies: Handout (Vignette on "Communication and Language"), chart pads & stands, felt pens

Objective:

To increase participant knowledge of language intervention practices in relation to culturally and linguistically different children with disabilities and their families.

Key Points: (see previous protocol)

Outline:

The format for presenting this information includes a short presentation followed by a group exercise that allows participants to respond to questions in a vignette and discuss key points and strategies.

Procedure:

1. Introduce the topic of second language acquisition by presenting key points and research findings (see previous protocol).

2. Ask participants to form small groups (3 to 5). Give each group copies of the vignette, "Communication and Language" (each group will have the same vignette). Tell the groups to read the vignette and respond to the questions. Each group should record their collective responses and designate a spokesperson to share the responses when participants return to the large group. Allow approximately 20 minutes for the small groups to work.

3. After 20 minutes, ask each of the small groups to give their attention to the whole group. Invite one group to share their responses. When the spokesperson is finished, ask members of their group if they have anything to add. Then ask spokespersons from each of the other small groups to share their responses. With each successive presentation many key points and strategies will already have been identified by previous groups.

4. List the key points and strategies presented by each group on two separate chart pads and facilitate corresponding discussions (incorporate selected strategies listed in the previous protocol, if appropriate).

5. End activity by summarizing **Key Points.**

VIGNETTE #1 - Communication and Language

Situation:

You are an Early Interventionist in a program that is center and home based. One of the families you visit is from Eritrea. They have been in this country for 10 years and speak limited English. They have three children, the youngest of whom is 2 years old and has Down syndrome. The parents speak Tegrinya to their two older children and to each other, but have decided to speak only English to their young daughter, Susanna, despite their difficulty in pronouncing English words. The mother says she wants Susanna to learn how to talk and learn English since she attends the center program and will be going to school when she is three. Susanna currently has no verbal communication other than "Dada" but signs five words. She can follow simple directions and enjoys looking at books. She had an audiological exam with normal results four months ago. This family socializes primarily with other Tegrinya speaking families and attends a church in their community. You know that learning a language requires exposure to comprehensible input and are concerned about this child being fully integrated in her family.

(Source: Karen Tanner and Chela Rios Muñoz)

Questions:

1. What does this family believe abut their child's language development?

2. What issues does this raise in working with this family?

3. What strategies would you use to support Susanna's speech and language development?

VIGNETTE #2 - Communication and Language

Situation

Brian is a 5-year-old male diagnosed a year ago with Down syndrome. His health is excellent. His earlier development was reportedly age appropriate, with the exception of his language skills which became increasingly delayed after he was 2 ½-years old. Brian lives with his parents and older brother. He attended day care preschool and after school programs with his nondisabled peers until he was recently placed in a district special day class.

At a 6-month parent/teacher conference, his parents focused their concerns on Brian's language delay and need for speech therapy. They said that he uses 2-3 word sentences with prompts, follows simple directions, is happy, cooperative and socially appropriate in all settings. His parents encourage language at home through modeling functional language and articulation. Brian's teacher reported that he never speaks in class, points to items, and simply nods yes/no to questions. She also noted that Brian is generally cooperative but seems to have a problem transitioning from activities. Although Brian's parents are willing to pay privately for additional speech therapy, they seemed perplexed about the teacher's observations and feel that language development should be the priority goal for their son.

(Source: Jackie Adams)

Questions:

1. After hearing the parents' concern, what would you do to build communication with them?

2. As an early childhood specialist, what strategies would you use to support Brian's communication and language development?

3. Other questions or concerns?

Strategies for Encouraging Communication with Nonverbal Young Children with Severe and Multiple Disabilities:

1. Identify how the child communicates (i.e., through facial expressions, changes in muscle tone, body movement, orientation, vocalizations, acting on objects, or gestures).

2. Identify the meaning or purpose of the child's communicative behaviors:
   a. For behavior regulation or to get others to do or stop doing something
   b. For social interaction or to get the attention of others
   c. For joint attention or to get others to attend to an object or event

3. Identify people and situations that motivate the child's communicative behaviors:
   a. Favorite people
   b. Favorite activities
   c. Disliked activities
   d. Favorite objects
   e. Disliked objects

4. Provide opportunities for the child to indicate choices.

5. Develop interactional routines and predictable sequences by using Progressively Matched Turntaking.

   a. Respond to the child's behaviors as communication and then allow the child to respond.
   b. Match what the child does and then add a bit more. The purpose is to show the child that he is communicating and to use what he uses (actions, sounds, or words) and provide one step above.

6. Use familiar and favorite activities to encourage communication
   a. Select a motivating activity
   b. Create a need for the child to act
   c. Pause and observe the child's response
   d. Interpret the child's behavior as communicative
   e. Speak for the child and respond accordingly
   f. Continue the activity

Challenging Behaviors:

Some young children with severe disabilities communicate through challenging behaviors. These behaviors include screaming, withdrawal, stereotypic or repetitive movements, and aggressive or self-injurious actions. To develop appropriate interventions, we must identify the function of these behaviors within the context of the child's school and home environment. A tool such as the *Motivation Assessment Scale* may be used to conduct a functional analysis of the problem behavior.

References:

Bruner, J. (1981). The social context of language acquisition. *Language and Communication, 1,* 155-178.

Chen, D. (1995). Understanding and developing communication. In D. Chen and J. Dote-Kwan (Eds.). Starting points. *Instructional practices for young children whose multiple disabilities include visual impairment.* Los Angeles: Blind Childrens Center.

Durand, V.M. & Crimmins, D. (1992). *Motivation Assessment Scale.* Moraco Associates.

MacDonald, J.D., & Gillette, Y. (1986). Communicating with persons with severe handicaps: Roles of parents and professionals. *Journal of The Association for Persons with Severe Handicaps, 11,* 255-265.

Prepared by: Deborah Chen, Ph.D.
CSU, Northridge
March 1996

PROJECT CRAFT TOOL KIT

Materials for each tool kit:

Bag (about 10 x 5 inches - those for party treats are pretty)
A puzzle piece
Rubber band
A toy kaleidoscope
A piece of chocolate
A snickers candy
Chopsticks
A penny
A sea shell

Directions

1. Put everything in the bag, close the end
2. Attach the following note:

PROJECT CRAFT TOOL KIT

A puzzle piece to remind us that:
we are each an important part of the larger picture
A rubber band to remind you to be flexible
A toy kaleidoscope to remember the child inside of you
and that not everyone sees the world the way that you do
A piece of chocolate because "Life is like a box of chocolates..."
A snicker for when you need a good laugh
Chopsticks to remind you that there are other ways to do things...even eat!
A coin to remind you that you are valued
A sea shell, like you and the families you serve - one of a kind!

Source: Senta Amos-Greene & Laurel Martinez
Adapted from: "Survival Kit" of the Region IX Resource Access Project Fall Inclusion Institute 1996

3. Give each participant this memento of participation in Project CRAFT

Suggested Enrichment Activities for

A CULTURAL JOURNEY, CONTINUED...

1. Bring a "cultural artifact" of your own to share with the rest of the group next time. It can be any item (photograph, recipe, keepsake, etc.) which to you represents an aspect of your cultural journey. Come prepared to tell us briefly why this item is significant to you. NOTE: We took time each session to allow a few participants to share their cultural artifacts. Much as in our training of trainers sessions, our participants found this activity to be extremely enjoyable and enlightening, in that it expanded their perceptions of the meaning of culture, and enhanced their appreciation for the diversity among their colleagues, since it gave them an opportunity to share/ learn things they never knew about each other even if they had worked together for some time.

2. Video Journey: View one or more of the following videotapes which have been recommended by various individuals who feel that the following selections provide insight into segments of their culture, family legacies and values.

Once Upon A Time When We Were Colored (African-American-rural South 50s-60s)
Get On The Bus (African-American present)
Waiting to Exhale (African-American present)
To Sleep With Anger (African-American LA, post war)
Picture Bride (Asian Pacific Island, early 1900s)
Come See The Paradise (Japanese-American, 40s wartime)
Living On Tokyo Time (Japanese-American/ Japanese, present)
The Joy Luck Club (Chinese-American three generations to present)
Eat, Drink, Man, Woman (Chinese present time)
anything directed by Gong Li (Chinese) or Wayne Wang (Chinese-American)
Scent Of The Green Papaya (Vietnam, pre war)
The Killing Fields (Southeast Asian, 70s wartime and postwar)
Mi Familia (Mexican American 50s present)
Los Hijos de Sanchez (Mexican American early 20th Century)
Mi Vida Loca (Latina-American LA, present)
El Norte (Guatemalan Immigrant - LA)
Like Water For Chocolate (Mexican turn of the century)
Walk In The Clouds (same director as above, Mexican-American upper-class in U.S.)
Fried Green Tomatoes (Anglo-European: Southern)
1900 (Anglo-European Immigrant, turn of the century)
The Last Picture Show (Anglo-European, rural western, 60s)
Everybody's Fine (Italian, present)
Cinema Paradiso, Star Maker (Italian post war)
Moonstruck (Italian American, present)
Radio Days (Jewish American)
Europa Europa (European Jewish, WWII)

Source: Harbor Regional Center Team: Jean Hansen, Luz Reyes, Nancy Spiegel

APPENDIX A: TOOLS

Needs Assessment
One Minute Paper
Course Evaluation
Workshop Evaluation

Project CRAFT
PARTICIPANT NEEDS ASSESSMENT

Name _____ Date _____

The inservice training course will focus on the topics which are listed below.

Please rate (in the designated space on the left margin) each topic or competency in terms of the following scale:

1 - Have **limited** knowledge/skills
2 - Have **moderate** knowledge/skills
3 - Have **significant** knowledge/skills

Please further identify specific questions you have and/or information/issues you're interested in. If relevant to a given topic, also indicate the specific cultural and linguistic backgrounds of families with whom you work or have questions about. (Example: Working with Interpreters: "What types of interpretation errors might occur when working with Mexican-American interpreter and a Spanish-speaking family from El Salvador?")

TOPICS:

____ Specific cultural values/beliefs pertaining to: families and child rearing practices, individuals with disabilities, health and healing.

_____

_____

_____

____ Culture-specific communication styles and intercultural communication issues.

_____

_____

_____

____ Considerations and issues in working with interpreters.

_____

_____

_____

____ Effective strategies for developing collaborative relationships with families.

_____

_____

_____

____ Legal requirements for developing the IFSP/IEP (in relation to culturally and linguistically different children and families).

_____

_____

_____

____ Family-focused assessment procedures.

_____

_____

_____

____ Developmentally appropriate and culturally responsive intervention practices.

_____

_____

_____

____ Communication and language acquisition of infants and preschoolers with disabilities from non-English speaking homes.

_____

_____

_____

____ Other topics of interest:

_____

_____

_____

_____

Project CRAFT

One Minute Paper **Date:** _____

Topics: _____

_____

_____

The most meaningful things I learned in these sessions were:

I have these questions / concerns about these topics:

CRAFT WORKSHOP

EVALUATION

DATE:_____

Culturally Responsive and Family Focused Training

a. The organization of the workshop was:

Excellent		OK		Poor
1	2	3	4	5

b. The content of the workshop was:

Very Helpful		OK		No Benefit
1	2	3	4	5

c. The information was:

Clearly Presented		OK		Very Unclear
1	2	3	4	5

d. The most useful/meaningful aspect of this workshop was:

_____

_____

_____

Thank you!

Project CRAFT
Inservice Training Course

EVALUATION

SECTION I

Please rate the level of knowledge / understanding you have as a result of participating in this course.

For each item, circle one number between 1 and 5.

(If a particular topic was not covered in the course, place "NA" in front of the corresponding number (1.-7.) and do not rate it.)

The course prepared me to:	Low		Moderate		High
1. Define my various cultural identities and how they influence my interactions with people from other cultures.	1	2	3	4	5
2. Identify specific cultural values/beliefs pertaining to:					
a. child rearing practices	1	2	3	4	5
b. individuals with disabilities	1	2	3	4	5
c. health and healing	1	2	3	4	5
3. Understand culture-specific communication styles and cross-cultural communication issues.	1	2	3	4	5
4. Identify major considerations in working with interpreters.	1	2	3	4	5
5. Identify strategies for developing collaborative relationships with families.	1	2	3	4	5
6. Develop culturally responsive and effective assessment practices in relation to culturally and linguistically different children and families.	1	2	3	4	5
7. Develop culturally responsive and effective intervention practices in relation to culturally and linguistically different children and families.	1	2	3	4	5

Overall, how well did the course meet your expectations and/or address specific cultural competencies that you identified in the original needs assessment?

1	2	3	4	5
Less than expected		Met expectations		Exceeded expectations

SECTION II

Please evaluate the quality of the instruction. For each item circle the applicable rating.

Quality of Instruction:	Poor	Fair	Good	Very Good	Excellent
1. Organization of the material.	1	2	3	4	5
2. Clear and informative explanations of concepts, issues.	1	2	3	4	5
3. Instructors' openness and responsiveness to questions.	1	2	3	4	5
4. Instructor-facilitated interaction and discussions among participants.	1	2	3	4	5
5. Degree to which various exercises and applications (e.g., vignettes) were effective.	1	2	3	4	5
6. Degree to which handouts were relevant and useful.	1	2	3	4	5
7. Degree to which videos enhanced the learning experience.	1	2	3	4	5
8. Extent to which you acquired new information/skills.	1	2	3	4	5

What was the most useful to you and why?

_____

_____

_____

What was least useful to you and why?

_____

_____

_____

Additional comments: (may include suggestions regarding specific content areas, training formats, etc.)

_____

_____

_____

_____

APPENDIX B: RESOURCE LISTS

Training Materials In Print
Training Videos
Children's Books

PROJECT CRAFT: Culturally Responsive and Family Focused Training

RESOURCE LIST - PRINT

TITLE: **A Celebration of Culture: A Food Guide for Educators**
AUTHORS: Dairy Council of California
DATE: 1992
SOURCE: Dairy Council of California
5901 Green Valley Circle, Suite 315
Culver City, CA 90230

DESCRIPTION: Discusses the food choices of the five predominant ethnic groups in California today - Hispanic, African-American, Filipino, Chinese and Vietnamese. Provides an overview of the cultural eating patterns of each group; food choices, favorite dishes, common nutrition questions, and multicultural enrichment activities.

TITLE: **Achieving Cultural Competence in a Head Start Classroom**
AUTHORS: M. Gardner
DATE: 1992
SOURCE: Southwest Human Development
202 East Earl, Suite 140
Phoenix, AZ 85012
(602) 266-5976

DESCRIPTION: Discusses essential practices for culturally responsive learning environments. Provides questions for training service providers and developing a team approach.

TITLE: **Affirming Children's Roots: Cultural and Linguistic Diversity in Early Care and Education**
AUTHORS: H. Nai-Lin Chang
DATE: 1993
SOURCE: California Tomorrow
Fort Mason Center, Building B
San Francisco, CA 94123
(415) 441-7631

DESCRIPTION: Identifies strategies for providing culturally responsive child care for children and families from diverse backgrounds.

TITLE: **Child of Colors**
DATE: Published quarterly
SOURCE: Child of Colors
P.O. Box 12048
Atlanta, GA 30355
(404) 365-9690

DESCRIPTION: Focuses on teaching children about cultural and ethnic identity, understanding multiculturalism and dealing with bigotry in the classroom.

TITLE: **Cultural Aspects of Southeast Asian Refugee Families**
AUTHORS: J. O. Cleveland & D. N. Meyers
DATE: 1994
SOURCE: Southeast Asian Developmental Disabilities Project
San Diego County Developmental Services, Inc.
4355 Ruffin Road
San Diego, CA 92123

DESCRIPTION: Provides health care professionals with information that increases their understanding of the cultural barriers between Southeast Asian refugee populations and the Western health care system. Based on actual experiences of interventions with Southeast Asian refugee families.

TITLE: **Cultural Competence Self-Assessment Instrument**
AUTHORS: R. Massinga, J. Neal & E. Palmer
DATE: 1993
SOURCE: Child Welfare League of America
P.O. Box 7816
300 Raritan Center Parkway
Edison, N.J. 08818-7816
(908) 225-1900

DESCRIPTION: Purpose of this tool is to identify, improve, and enhance cultural competence in staff relations and service delivery. Determines whether or not existing agency policies, practices and programs achieve and promote cultural competence in the areas of governance, program development, administration, management, and service delivery.

TITLE: **Cultural Diversity - A Workshop for Trainers**
AUTHORS: D. LaMountain & B. Abramms
DATE: October, 1993
SOURCE: Natural Multi Cultural Institute
3000 Connecticut Ave. NW Suite 438
Washington, DC 20008-2556
(202) 483-0700

DESCRIPTION: Provides training modules for experienced facilitators on conducting diversity training in the workplace.

TITLE: **Cultural Diversity, Families, and the Special Education System**
AUTHORS: B. Harry
DATE: 1992
SOURCE: Teachers College Press
P.O. Box 20
Williston, VT 05449-0020
(800) 488-2665

DESCRIPTION: Presents the challenges faced by parents of children with disabilities from poor and from culturally & linguistically diverse backgrounds. Topics include: Cultural Diversity and Minority Status; Making Sense of Disability: Parents Theories of the Problem; Communication, Information, and Meaning; and Toward Informed Consent: Legal Compliance Versus Culturally Responsive Practice.

TITLE: **Culturally Competent Service Delivery**
AUTHORS: D. M. Yonemitsu & J. O. Cleveland
DATE: 1992
SOURCE: Southeast Asian Developmental Disabilities Project
San Diego County Developmental Services, Inc.
4355 Ruffin Road
San Diego, CA 92123

DESCRIPTION: Training manual for bilingual/bicultural case managers for effective delivery of services to refugee families from the Cambodian, Hmong, Laotian and Vietnamese communities. The model of training developed can be easily adapted to the training of case managers from any underserved, culturally diverse group.

TITLE: **Culturally Responsive Services for Children and Families**
AUTHORS: S. Malach
DATE: 1993
SOURCE: Southwest Communication Resources
P.O. Box 788
Bernalillo, NM 87004
(505) 867-3396

DESCRIPTION: A training manual for health and education providers. Provides activities on developing awareness and sensitivity and on learning skills and developing competencies.

TITLE: **Culturally Sensitive Caregiving**
AUTHORS: L. Ramer
DATE: 1992
SOURCE: March of Dimes Birth Defects Foundation
P.O. Box 1657
Wilkes-Barre, PA 18773
(800) 367-6630

DESCRIPTION: Provides information to facilitate sensitivity to culture-based health beliefs and practices. Includes self-assessment sample case histories from several health care providers with different client groups, and an annotated list of resources.

TITLE: **Culture: Differences? Diversity!**
AUTHORS: R. Lockwood, A. Allen, B. Ford, & S. Sparks
DATE: 1992
SOURCE: Rosa Lockwood, Educational Consultant
State of Ohio
Department of Education, Division of Special Education
933 High Street
Worthington, OH 43085-4087
(614) 466-2650

DESCRIPTION: Training guide composed of five components: awareness, understanding differences, appreciating diversity, valuing and commitment. Developed for service providers in education.

TITLE: **Developing Cross-Cultural Competence: A Guide for Working With Young Children and Their Families**
AUTHORS: E. W. Lynch, & M. J. Hanson
DATE: 1998 (2nd edition)
SOURCE: Paul H. Brookes Publishing Co.
P.O. Box 10624
Baltimore, MD 21285-0624
(800) 638-3775

DESCRIPTION: Discusses issues related to cultural, ethnic and language diversity in early intervention services and provides strategies for improving cross-cultural interactions and increasing cross cultural competence. Each culture specific chapter is written by a professional who represents the particular culture - Anglo-European, Native American, African American, Latino, Asian, Filipino, Native Hawaiian, Pacific Island groups, and Middle Eastern.

TITLE: **Developing Culturally Competent Programs for Families of Children With Special Needs**
AUTHORS: R. N. Roberts
DATE: 1990
SOURCE: Early Intervention Research Institute
Utah State University
Logan, UT 84322-6580

DESCRIPTION: This monograph and accompanying workbook are designed to assist programs, states, and organizations to provide culturally competent services to families.

TITLE: **Diversity and Developmentally Appropriate Practices: Challenges for Early Childhood Education**
AUTHORS: B. L. Mallory & R. S. New
DATE: 1994
SOURCE: Teachers College Press
P.O. Box 20
Williston, VT 05449-0020
(800) 488-2665

DESCRIPTION: Expands the current definition of developmentally appropriate practices to include alternative theoretical and practical perspectives necessary for addressing the needs of young children with cultural and developmental differences.

TITLE: **Do's and Taboos: Around the World**
AUTHORS: R. E. Axtell
DATE: 1993
SOURCE: John Wiley & Sons, Inc.
605 Third Avenue
New York, NY 10158-0012

DESCRIPTION: A compilation of research and personal experience. Topics include: Protocol, Customs, and Etiquette; Hand Gestures and Body Language; The Ways of the World; Gift Giving and Receiving; American Jargon and Baffling Idioms; Tips for Incoming Visitors to the U.S.; and Sources of Help.

TITLE: **Early Childhood and Cultural/Linguistic Diversity: An Introduction to the Challenges Posed by Preschool Exceptional Children from Diverse Cultural and Linguistic Backgrounds**
AUTHORS: I. B. Metz
DATE: 1990
SOURCE: Crossroads Project
University of New Mexico
Special Education Department
Mesa Vista Hall 3006
Albuquerque, NM 87131
(505) 277-5018

DESCRIPTION: Discusses the reality of culture; language as a cultural attribute; and culturally/ linguistically diverse service delivery.

TITLE: **Gestures: The Do's and Taboos of Body Language Around the World**
AUTHORS: R. E. Axtell
DATE: 1991
SOURCE: John Wiley & Sons, Inc.
605 Third Avenue
New York, NY 10158-0012

DESCRIPTION: Organized into three parts: 1) an illustrated glossary of gestures that describes meaning and usage; 2) a listing of gestures and body language by country; and 3) a "shortlist" of gestures commonly used by North Americans that may offend people from other countries. Provides information on over 200 gesture used in 32 countries.

TITLE: **Honoring the Differences; Six Essential Features of Serving Culturally/Linguistically Diverse Children with Special Needs.**

AUTHORS: I. B. Metz

DATE: 1990

SOURCE: Crossroads Project
University of New Mexico
Special Education Department
Mesa Vista Hall 3006
Albuquerque, NM 87131
(505) 277-5018

DESCRIPTION: Describes six features of culturally responsive services for children with disabilities (e.g., recognizing cultural/linguistic diversity, access, rapport, family support, reciprocity, and culture mediation.)

TITLE: **Learning the Way: A Guide for the Home Visitor Working with Families on the Navajo Reservation**

AUTHOR: M. Dufort & L. Reed

DATE: 1995

SOURCE: Perkins School for the Blind
175 North Beacon Street
Watertown, MA 02172
(617) 924-3434

DESCRIPTION: This handbook identifies issues regarding culturally-responsive services and strategies for providing early intervention services to Navajo families with children who are visually impaired. Topics include: cultural beliefs and practices related to disability, illness, and healing; Navajo parenting styles; family participation; communication styles; and planning home intervention services.

TITLE: **Looking In, Looking Out: Redefining Child Care and Early Education in a Diverse Society**
AUTHORS: H.Hai-Lin Chang, A. Mackelroy, D. Pulido-Tobiassen
DATE: 1996
SOURCE: California Tomorrow
Fort Mason Center, Building B
San Francisco, CA 94123
(415) 441-7631

DESCRIPTION: Presents five principles in providing quality child care and early education services for children from diverse backgrounds. Describes projects in training service providers and the need for future research.

TITLE: **Multicultural Awareness in the Health Care Professions**
AUTHORS: M.C. Julia
DATE: 1996
SOURCE: Allyn & Bacon
160 Gould Street
Needham Heights, MA 02194
(800) 278-3525

DESCRIPTION: A compilation of chapters that each address the history, characteristics, and culture of eight different ethnic groups (African Americans, Amish, Appalachians, Arab Americans, Hispanics, Orthodox, Jews, Native Americans)with a particular focus on understanding the health beliefs and practices of each group.

TITLE: **Multicultural Clients: A Professional Handbook for Health Care Providers and Social Workers**
AUTHOR: S.M. Lassiter
DATE: 1995
SOURCE: Greenwood Publishing Group, Inc.
88 Post Road West
P.O. Box 5007
Westport, CT 06881-5007
(800) 225-5800

DESCRIPTION: Describes the demographics, religious beliefs, family roles, childrearing practices, culturally based health beliefs and practices, dietary patterns, characteristics relating to morbidity and mortality, beliefs about death and dying, physical assessment, and sources for further reading in relation to 15 ethnic and religious groups in America.

TITLE: **Multicultural Issues in Child Care**
AUTHORS: J. Gonzalez-Mena
DATE: 1993
SOURCE: Red Leaf Press
450 North Syndicate Suite 5
St Paul, MN 55104-4125
(800) 423-8309

DESCRIPTION: Discusses how to provide caregiving routines that reflect the values of cultures. Topics include cross cultural communication, toilet training, caregiving routines, attachment and separation, play and exploration, and socialization.

TITLE: **Multicultural Manners: New Rules of Etiquette for a Changing Society**
AUTHORS: N. Dresser
DATE: 1996
SOURCE: John Wiley & Sons Inc.
605 Third Avenue
New York, NY 10158-0012

DESCRIPTION: Covers the following topics: "The New Rules of Communication" describes common blunders that occur when people from different cultures interact; "Rules for Holidays and Worship" prepares reader for observing or participating in celebrations of people from other backgrounds; and "Multicultural Health Practices; Remedies and Rituals" demonstrates how ethnic diversity has impacted upon health care in the U.S.

TITLE: **One Child, Two Languages: A Guide for Preschool Educators of Children Learning English as a Second Language**
AUTHORS: P.O. Tabors
DATE: 1997
SOURCE: Paul H. Brookes Publishing Co.
P.O. Box 10624
Baltimore, MD 21285-0624
(800) 638-3775

DESCRIPTION: Explains techniques needed to facilitate second-language acquisition in young children. Combines research findings with observations of linguistically and culturally diverse children.

TITLE: **Pocket Guide to Cultural Assessment**
AUTHORS: E.M. Geissler
DATE: 1994
SOURCE: Mosby Year Book, Inc.
11830 Westline Industrial Drive
St. Louis, MO 63146
(314) 872-8370

DESCRIPTION: A concise guide to many countries of the world with summary descriptions of demographics, sick care practices, health care beliefs, ethnic/race specific diseases, family roles, child rearing practices, cultural orientations, communication styles, and birth/death rites.

TITLE: **Proverbs from Around the World**
AUTHORS: N. Gleason
DATE: 1992
SOURCE: Carol Communications, Inc.
600 Madison Ave
New York, NY 10022

DESCRIPTION: Lists 1,500 amusing and insightful proverbs from 21 countries and languages.

TITLE: **Roots & Wings: Affirming Culture in Early Childhood Programs**
AUTHORS: S. York
DATE: 1991
SOURCE: Redleaf Press
450 North Syndicate, Suite 5
St. Paul, MN 55104-4125
(800) 423-8309

DESCRIPTION: Provides over 60 activities for increasing children's understanding of differences. Topics include: a step-by-step plan for implementing multicultural education strategies for training staff and ideas for talking with children about culture.

TITLE: **Strategies for Working With Culturally Diverse Communities and Clients**
AUTHORS: E. Randall-David
DATE: 1989
SOURCE: ACCH - Association for the Care of Children's Health
7910 Woodmont Avenue, Suite 300
Bethesda, Maryland 20814-3015
(301) 654-6549

DESCRIPTION: Explains cultural influences on beliefs, values, and actions. Includes exercises for identifying one's own cultural heritage, guidelines for working with culturally diverse groups, information on specific cultural groups, and guidelines for analyzing sociocultural factors in health.

TITLE: **Supporting Latino Families: Lessons from Exemplary Programs**
AUTHORS: A. Shartrand
DATE: 1996
SOURCE: Harvard Family Research Project
38 Concord Avenue
Cambridge, MA 92138
(617) 496-4304

DESCRIPTION: Describes eleven family support programs that have addressed the needs of Latino families. Volume one provides detailed analysis of the various strategies and lessons for service providers; volume two provides an in-depth profile of each program.

TITLE: **Teaching Tolerance**
AUTHORS: Teaching Tolerance Education Project
DATE: Published semiannually
SOURCE: Teaching Tolerance
400 Washington Avenue
Montgomery, AL 36104
(334) 264-0286

DESCRIPTION: Promotes interracial and intercultural understanding. A national magazine for teachers to share techniques and explore new ideas in the areas of tolerance and diversity. Sent free of charge to educators.

TITLE: **The Interpreter Translator Process in the Educational Setting: A Resource Manual**
AUTHORS: H. W. Langdon
DATE: 1994
SOURCE: RISE
Resources in Special Education
429 J. Street
Sacramento, CA 95814
(916) 492-9990

DESCRIPTION: Provides guidelines for requesting information from the family and reporting information to the family. The manual is composed of the following: 1) the roles and responsibilities of the interpreter translator and those of various educational team members in the interpretation/translation process, 2) the process of interpreting, 3) the legal aspects of both bilingual and special education, and 4) information on cultural considerations. References and resources are listed.

TITLE: **Training of Trainers: Developing Cultural Diversity Programs for the Workplace**
AUTHORS: N. Nile & J. Hickman
DATE: Oct 14-17, 1993
SOURCE: Natural Multi Cultural Institute
3000 Connecticut Ave. NW Suite 438
Washington, DC 20008-2556
(202) 483-0700

DESCRIPTION: A training guide with activities and lectures for diversity trainers.

TITLE: **Understanding and Working with Parents and Children from Rural Mexico**
AUTHORS: B. A. Rothenberg
DATE: 1995
SOURCE: The CHC Center for Child and Family Development Press
P.O. Box 7326
Menlo Park, CA 94026
(415) 326-5575

DESCRIPTION: Based on the experiences of Latino professionals who work extensively with families from Mexico. Discusses life in rural Mexico, the adjustment of rural Mexicans coming to the U.S., child rearing practices including schooling from infancy through early school years, and traditional healing methods and Western medicine.

TITLE: **Workbook for Developing Cultural Competent Programs For Families of Children With Special Needs**
AUTHORS: R. N. Robert
SOURCE: Early Intervention Research Institute
Utah State University
Logan, UT 84322-6580

DESCRIPTION: Presents a series of self-study questions to reflect on the decision-making process in programs and how cultural issues affect staff and clients and interact with those decisions. A monograph introduces the sections in the self-study/workbook.

TITLE: **40 Ways to Raise a Nonracist Child**
AUTHORS: B. Mathias & M.A. French
DATE: 1996
SOURCE: Harper Collins Publishers
P.O. Box 588
Dunsmore, PA 18512-0588
(800) 331-3761

DESCRIPTION: Presents ways to guide parents into breaking the cycle of racism. Divided into five age-related sections, infancy through preschool, early elementary, upper elementary, young teen and high school.

RESOURCE LIST - VIDEOS

TITLE: **Anti-Bias Curriculum: Pacific Oaks College**
30 Minutes
SOURCE: Red Leaf Press
450 North Syndicate Suite 5
St Paul, MN 55104-4125
(800) 423-8309
APPROX COST: $41.95

DESCRIPTION: Direct care staff discuss why the *Anti-Bias Curriculum* is important to them and how they implement it. Includes a user guide.

TITLE: **Project CRAFT: Culturally Responsive and Family Focused Training**
60 minutes
SOURCE: Paul H. Brookes Publishing Co. Inc.
P.O. Box 10624
Baltimore, MD 21285-0624
(800) 638-3775
APPROX COST: $74.95

DESCRIPTION: Promotes understanding of stereotypes and the media, cultural diversity, family values, relationship building, communication styles, and language acquisition. Families of children with disabilities from various cultural backgrounds and the professionals who work with them share their experiences and advice. Suggestions for improving service delivery and support to culturally diverse children and families.

TITLE: **Diversity** 4 Tape Series 30 Minutes Each
SOURCE: Child Development Media, Inc.
5632 Van Nuys Blvd, Ste 286
Van Nuys, CA 91401
(800)405-8942
APPROX COST: $90.00 Each/ $330 for the series

DESCRIPTION: Integrates culturally responsive caregiving with developmentally appropriate practices. Shows diverse perspectives and how service providers can open up communications and create connections with each other, with parents and with the children. Programs in the series include:

Diversity and Communication

Role Playing regarding family/service provider perspectives.

Diversity and Conflict Management

Role plays interactions between parents and staff discussing issues of getting children's clothes dirty in art and meals.

Diversity: Conflicting Perspectives

Focus on child rearing practices, independence versus interdependence in toileting, feeding, sleeping, play.

Diversity, Independence and Individuality

-Shows different toddlers/preschoolers in scenes regarding self help skills, toileting and dressing (privacy and independence issues), climbing on slide.
-Discusses the different views of an "I did" attitude can be perceived as boosting versus "feeling good" self esteem, whether a baby should cry self to sleep, and children's self expression.

TITLE: **Essential Connections: Ten Keys to Culturally Sensitive Care**
36 Minutes

SOURCE: California Department of Education
Bureau of Publications, Sales Unit
P.O. Box 271
Sacramento, CA 95812-0271
(800) 995-4099

APPROX COST: $65.00

DESCRIPTION: Emphasizes the importance of providing culturally consistent care in child-care settings and learning about the child's home through the family. Topics cover: providing cultural consistency, working toward representative staffing, creating small groups, using the home language, making environments relevant, cultural self awareness, understanding other perspectives, gathering cultural information from the family, clarifying values, and negotiating cultural conflicts. The importance of relating to family culture in a respectful and responsive way is emphasized.

TITLE: **Finding the Balance**
23 Minutes
SOURCE: Southwest Communication Resources
P.O. Box 788
Bernalillo, NM 87004
(505) 876-3396
APPROX COST: $35.95

DESCRIPTION: Two American Indian mothers sharing their experiences and frustrations as parents of children with disabilities.

1. A mother of a 5 year old who had meningitis before the age of 1. She shares her and her husband's reaction to the child's diagnosis of hearing impairment.

2. A mother of a child who was diagnosed as having health problems discusses traditional cultural beliefs and ceremonies related to children's health, the difficulty in translating medical terms, and the need to understand traditional and modern services.

TITLE: **It's In Every One of Us**
5 Minutes
SOURCE: Child Development Media, Inc.
5632 Van Nuys Blvd. Suite 286
Van Nuys, CA 91401
(800) 405-8943
APPROX COST: $30.00

DESCRIPTION: Provides images of members from the global family combined with music and words that celebrate the human spirit. The purpose of this tape is to promote respect and compassion across cultures.

TITLE: **Listen with Respect**
17 Minutes
SOURCE: Southwest Communication Resources
P.O. Box 788
Bernalillo, NM 87004
(505) 876-3396
APPROX COST: $35.95

DESCRIPTION: Presents an overview of cross cultural barriers that many Indian parents experience when using Western medical services. Provides considerations for working with Indian families.

TITLE: **Reaching the Family: Cultural Competence for Programs**
23 Minutes
SOURCE: RISE - Resources in Special Education
429 J. Street
Sacramento, CA 95814
(916) 492-9990
APPROX COST: $15.00

DESCRIPTION: Discusses the importance of developing early intervention programs that reflect the culture and values of children and families served. Offers suggestions for program development with community support.

TITLE: **Serving the Family: Special Education Cultural Competence Training**
40 Minutes
SOURCE: RISE - Resources in Special Education
429 J. Street
Sacramento, CA 95814
(916) 492-9990
APPROX COST: $15.00

DESCRIPTION: Families and service providers discuss their experiences in gaining cultural competence and sharing proverbs that were part of "growing up" in their families.

TITLE: **We All Belong: Multicultural Child Carè That Works**
26 Minutes
SOURCE: Redleaf Press
450 North Syndicate, Suite 5
St. Paul, MN 55104-4125
(800) 423-8309
APPROX COST: $29.95

DESCRIPTION: Based on principles used by an Australian center to weave diversity principles into work with staff and parents, curriculum, and environment. Has a special introduction for North American audiences and includes a study guide.

BOOKS FOR CHILDREN

Books are grouped according to age-levels. Books appropriate for many age-levels were grouped with the youngest level. Unless otherwise stated, these books are available at local bookstores or libraries.

INFANT/TODDLER BOOKS

Arms and Legs; Opposites; Faces; Getting Dressed. Kate Teaque. (1989) Editions Renyi. Toddler Board books showing four children doing everyday things. Available in bilingual editions in the following languages: German, Estonian, French, Greek, Chinese, Ukrainian, Lithuanian, Latvian, Armenian, Vietnamese, Japanese, Hebrew, Italian, Hungarian, Portuguese, Spanish, Punjabi, Polish and Urdu.

Disability Depicted:	None
Culture Represented:	Caucasian, African-American, Latino, Asian
Price:	$4.95

Baby Animals. Margaret Snyder (1993) Golden Books. A whimsical sound effects plus a surprise song or sound add to the magic of these delightful story books based on single concepts. Appropriate for deaf and hard of hearing children.

Disability Depicted:	None
Cultures Represented:	None
Price:	$4.95

Hats/Hats/Hats and Bread/Bread/Bread. Ann Morris, photographs by Ken Heyman. (1989) Scholastic Books. Beautiful books with pictures of people around the world in hats or with bread. Available from Scholastic Books through schools.

Disability Depicted:	None
Cultures Represented:	Various
Price:	$7.95

One Light, One Sun. Raffi. (1988) Crown Publishers, Inc. Pictures of different families going about their day, including a boy in a wheelchair.

Disability Depicted:	Orthopedic
Cultures Represented:	Various
Price:	$7.95

We Sing Around the World. (1994) Price Stern Sloan. A cassette and song book of songs from around the world.

Disabilities Depicted:	None
Cultures Represented:	Various
Price:	$9.95

PRESCHOOL/KINDERGARTEN

Getting Along. Kendall Haven, songs by Rita Abrams. (1974) JTG of Nashville. Fun-filled set of stories, songs and activities to keep kids working and playing together.

Disability Depicted: None
Cultures Represented: None
Price: $13.95

Glasses: Who Needs Them? Lane Smith. (1991) Viking Press. A humorous book answering a boys concerns that wearing glasses will make him look like a "dork".

Disability Depicted: Glasses
Cultures Represented: None
Price: $14.00

Little Red Riding Hood. Naomi Fox (1993) Confetti Co. The traditional story of Little Red Riding Hood told with a person of color. Narrated by Robert Guillaume. (book and cassette)

Disability Depicted: None
Culture Represented: African-American
Price: $20.95

No Way, Jose! De Ninguna Manera, Jose! Joe Hayes. (1986) Trails West Publishing. A cassette and story book in Spanish and English tell the story of a rooster who needs help. This is one book in a series of bilingual Southwest Stories by Joe Hayes.

Disability Depicted: None
Cultures Represented: None
Price: $8.95

Our Brother Has Down syndrome. Shelley Cairo. (1985) Annick Press LTD. Two sisters talk about their brother Jai, who has Down syndrome.

Disability Depicted: Down syndrome
Cultures Represented: Caucasian
Price: $4.95

Sesame Street Magazine. Children's Television Network. (Subscriptions: Sesame Street Magazine, P.O. Box 55518, Boulder, CO. 80322-5518) A monthly magazine for preschoolers that often includes photographs of children and adults with disabilities.

Disability Depicted: Various
Cultures Represented: Various
Price: ?

Sign Language ABC with Linda Bove. Sesame Street. (1985) Random House/CTW. Sign language is a beautiful and expressive way to communicate which children and adults find intriguing. This book provides an introduction to the manual alphabet with the use of the Sesame Street Muppets.

Disability Depicted: Deafness
Cultures Represented: Caucasian
Price: $2.25

Signing for Kids: The Fun for Anyone to Learn American Sign Language. Mickey Flodin (1991) Perigee Books. A sign language book that includes illustrations and explanations for each sign. User friendly!

Disability Depicted: Hearing Loss
Cultures Represented: Caucasian
Price: $9.95

Someone Special, Just Like You. Tricia Brown & Fran Ortiz. (1984) Henry Holt & Co. A photograph book of children with disabilities doing things all preschoolers like: dancing, painting, climbing, looking, listening, and more.

Disability Depicted: Various
Cultures Represented: Various
Price: ?

Straight to the Heart: Children of the World. Ethan Hubbard. (1992) Craftberry Common Book. Black and white photographs of children and families from different parts of the world. Author's profits support children's relief societies around the world.

Disability Depicted: None
Cultures Represented: Various
Price: $8.95

Through Grandpa's Eyes. Patricia MacLachlan. (1980) Harper Trophy. A boy, John, tells us about a day with his grandpa. John's grandpa is blind, and John experiences the day like his grandpa does: through touch, smell, and hearing. This book is not only a story about blindness, it is also about the special relationship between a boy and his grandpa.

Disability Depicted: Blindness
Cultures Represented: Pen and ink drawings
Price: $4.95

We're Different, We're the Same. Bobbi Jane Kates. (1992) Random House. This is a Sesame Street book, featuring the muppets. Colorful pictures and simple words illustrate how we are all different (we have different skin, eyes) and the same (our skin keeps us warm, we see with our eyes). Although this book isn't specifically about disabilities, it celebrates the differences and sameness in people. The pictures include a child and an adult in a wheelchair.

Disability Depicted: Orthopedic
Cultures Represented: Various
Price: $2.25

Where's Chimpy? Bernice Rabe (1988) Albert Whitman & Co. Misty and her dad hunt for Misty's monkey named Chimpy. The story is told through photographs of Misty, who has Down syndrome, and her dad.

Disability Depicted: Down syndrome
Cultures Represented: Caucasian
Price: $5.95

KINDERGARTEN-THIRD GRADE

Alex is My Friend. Marisabina Russo. (1992) Greenwillow Books. A boy talks about his friend Alex, who is shorted, can't run fast, and is in a wheelchair - but they are still best friends.

Disability Depicted: Orthopedic
Cultures Represented: Caucasian
Price: ?

Bugs! Patricia and Fredrick McKissack. (1988) Children's Press. This is one book in a "Rookie Reader" series by Children's Press. All of the books are simple stories.

Disability Depicted: None
Cultures Represented: African-American and Caucasian
Price: $2.95

Crow Boy. Taro Yashima. (1983) Viking Press. Children make fun of a boy who is different, until they learn that he has a special talent.

Disability Depicted: Developmental Delay
Cultures Represented: Japanese
Price: $3.99

I Can't Always Hear You. Jay Zelonky. (1980) Raintree Publishers Co. Kim, a girl with a hearing loss, begins going to her neighborhood school. She finds that she isn't as different as she had feared, because everyone she meets has individual differences too.

Disability Depicted:	Hearing loss
Cultures Represented:	Various, Kim is Asian
Price:	$3.95

I Have a Sister, My Sister is Deaf. Jeanne Peterson. (1977) Harper & Row. A child tells a story about her sister, who is deaf.

Disability Depicted:	Deafness
Cultures Represented:	None. Pen and ink drawings.
Price:	$4.95

Knots on a Counting Rope. Bill Martin Jr. & John Archambault. (1987) Holt & Co. A grandfather tells his grandson the story of the boy's birth. The story gives the boy hope and encouragement to live with his blindness.

Disability Depicted:	Blindness
Cultures Represented:	American Indian
Price:	$14.95

My Friend Leslie: The Story of a Handicapped Child. Maxine Rosenberg (1983) Lothrop, Lee & Shepard Books. Karin tells the story of her friend Leslie, a student with multiple disabilities in her kindergarten class.

Disability Depicted:	Multiple Disabilities
Cultures Represented:	Caucasian
Price:	?

Somebody Called Me Retard Today....and My Heart Felt Sad. Ellen O'Shaughnessy. (1992) Walker & Co. Simple language and beautiful paintings tell the story of the talents and strengths of a girl, and the sadness she feels when another child calls her "retard".

Disability Depicted:	None
Cultures Represented:	Various
Price:	$13.95

OTHER RESOURCES

Publishers and distributors are offering children's books that tell the stories form different cultures. Resources to consider are The Gryphon House Early Childhood Collection and the ABC School Supply Multi-Cultural Material List. The Barnes and Nobles and B. Dalton Bookstore chains have an extensive list of books and resources on disabilities.

OPTIONAL LIST

(These are good books that have African-American children in them. They do not have any children with disabilities. Include if you want examples of books with African-American children. A concern is we didn't find toddler books with children of other cultures.)

Getting Dressed and Good Morning. Denise and Chevelle Moore. (1994) Harper Collins Publishers. A simply wonderful and richly illustrated story about getting dressed and waking up as told through the eyes of an African-American boy.

Age:	9 months - 3 years
Disability:	None
Cultures Represented:	African-American
Price:	$5.95

Good Morning Baby and Good Night, Baby. Cheryl Willis Hudson. (1992) Scholastic Inc. Board book featuring African-American babies and toddlers who enjoy doing all the things babies like to do!

Age:	9 months - 3 years
Disability:	None
Cultures Represented:	African-American
Price:	$5.95

Joshua by the Sea, Joshua's Night Whispers, Rain Feet, Momma Bird, Baby Bird. Angela Johnson. (1994) Orchard Books. Four board books about a small African-American boy named Joshua.

Age:	9 months - 3 years
Disability:	None
Cultures Represented:	African-American
Price:	$4.95

RESOURCES FOR ADULTS TO LEARN ABOUT LIVING WITH DISABILITIES

BOOKS

Unless noted otherwise, the books are available at local bookstores.

Before and After Zachariah. Fern Kupfer (1982) Academy Chicago Publishers. The author tells her family's story about their son, Zachariah, and their decision to have Zach cared for in a residential facility.

The Broken Cord: A Family's Ongoing Struggle with Fetal Alcohol Syndrome. Michael Dorris. (1989) Harper and Row. The author tells the story of his family's experiences in raising their adopted son, a child with physical and behavioral disabilities due to Fetal Alcohol Syndrome. This book was awarded the 1989 National Book Critics Award for Nonfiction.

A Child Called Noah; A Place for Noah; A Client Called Noah. Josh Greenfield. (1988) Harcourt Bace Jovanovich. This series of books tells the story of a family and their son with developmental delays.

A Difference in the Family. Helen Featherstone. (1980) Penguin Books. This book draws on interviews with parents and professionals and the author's personal experience to discuss the emotional adjustment families go through when they learn of a child's disability. Suggestions for professionals to provide support are provided.

My Friend David: A Source Book about Down syndrome and a Personal Story About Friendship. Edwards, J. Dawson, D. (1983) EDNICK Communications. (Box 3612, Portland, Oregon, 97208) This book is written by David, a man with Down syndrome, and his teacher, Jean. It tells the story of their friendship and provides information about Down syndrome.

No More Stares. Ann Cupolo Carrillo, Katherine Corbett, Victoria Lewis. (1982) Disabilities Rights and Education Defense Fund. (2032 San Pablo Avenue, Berkeley, California) Women with disabilities tell about their life experiences through photographs, poetry, and stories.

Retarded Isn't Stupid, Mom! S.Z. Kaufman. (1988) Paul H. Brookes Publishing Co. A mother tells the story of her daughter's life and struggle for independence. Her daughter is mentally retarded.

Special Parents, Special Children. Joanne E. Bernstein & Bryna J. Fireside (1991) Albert Whitman & Co. Four families, with one or both parents with a disability, talk about their family life.

Trouble with School: A Family Story About Learning Disabilities. Kathryn and Allison Boesel Dunn. (1993) Woodbine House. This book follows Allison and her mother as each tells her side of the story of the diagnosis and adjustment to Allison's learning needs.

Voices From the Hole in the Wall Gang: I Will Sing Life. Larry Berger, Dahlia Lithwick, Seven Campers. (1992) Little, Brown & Co. Seven children talk about their life with chronic illness or disability. The book includes poetry written by the children.